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RESOURCE STUDY :
HUMAN SERVICES, HEALTH, EDUCATION,
ARTS IN WESTERN NEBRASKA, AND LAW ENFORCEMENT
IN

BANNER, KIMBALL AND SCOTTS BLUFF COUNTIES
NEBRASKA

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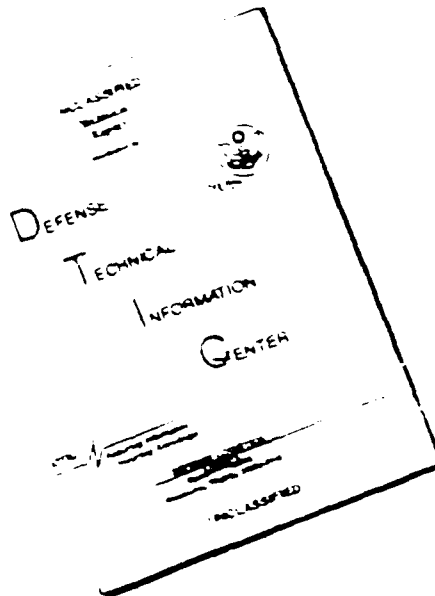
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ARTS IN WESTERN NEBRASKA AND LAW ENFORCEMENT
IN
BANNER, KIMBALL AND SCOTTS BLUFF COUNTIES
NEBRASKA

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EXECUTIVE SUMMARY SECTION

EXECUTIVE SUMMARY

HUMAN SERVICES

The Human Services study is one portion of the Human Services, Health, and Education study completed for the Banner, Kimball and Scotts Bluff Counties area in Nebraska. This study had two primary goals. The first was to establish the baseline quality and availability of the human services used by residents of the affected areas and to determine what effects MX construction and population increases might have on that baseline. The second goal was to recommend how best to maintain existing service quality while providing additional services due to deployment.

The first step of the study was to compile a list of human services in Banner, Kimball and Scotts Bluff Counties. Thirty-five of these human service agencies were sent survey forms. The survey responses led to phone calls to smaller organizations to obtain more detailed information. Even with this additional information, a trip, to Banner, Kimball and Scotts Bluff Counties was critical to understanding the networking in the area.

The study has found that the following agency types, Alcohol and Drug Abuse, Mental Health, Low Income Assistance, and Violence were more likely to be affected by MX-related immigration. This is due to the fact that the agencies in these categories indicated less funding stability and some strain on their services at the present time. Other studies have shown these agency areas to be affected by other types of construction immigration as well. Agencies in these categories believed that their present staff size could not facilitate the increased demand.

Recommendations

Recommendations put forth by the Air Force studies, local agencies or as a product of this study are listed in some detail below.

One of the most important aspects of the recommendations is the need for a local resource person to coordinate the activities suggested by the other recommendations. This resource person should work through the Panhandle Resource Council to coordinate the agency representative meetings; supervise, collect and forward monitoring data to Wyoming for inclusion in the computerized monitoring system; review records and applications for assistance from the resource fund; and coordinate monitoring with other agencies and the Nebraska Policy Research Office. For this operation to run smoothly, the individual agencies will have to keep accurate records as to how many people they serve due to MX-related construction activities. Agencies needing temporary funding assistance will only be granted assistance through the Resource Fund if they can document their need for assistance due to MX immigration. Therefore, each human services agency involved should stress record keeping during (and hopefully after) the upcoming construction period.

The five recommendations listed below have been suggested as proposals that would protect the system as a whole. These proposals would allow the system to function smoothly and to maintain the baseline quality and availability of services to Banner, Kimball and Scotts Bluff Counties.

1. Agency Representatives Meetings - Membership would be based on representatives of every targeted agency and any other agencies within the Panhandle Resource Council's district. Other affected or interested agencies could join or attend at will. The meeting would act as a sounding board for the agencies and help them cooperate in solving problems related to MX deployment. This group may act as a monitoring collection device. They would meet

monthly or as needed but would meet to react to MX related problems at least four times a year.

The Panhandle Resource Council organized such meetings on a larger scale in the past. For various reasons, the meetings dissolved. However, there is reason to believe there would be interest in reorganizing such meetings. These meetings would benefit the PRC and the other agencies involved to increase their coordination. The meetings would be most effective if the PRC would resume organizing them.

2. Resource Person - Someone in the immediate area on a part-time basis to:

- act as a contact for any agencies with concerns.
- coordinate monitoring with agencies and the Policy Research Office.
- be a liaison with Wyoming for monitoring to make sure Nebraska's interests are represented.
- facilitate Agency Representatives Meetings .
- review applications for the Resource Fund.

There needs to be a contact in Western Nebraska who is aware of possible impacts and what can be done about them. This person should be a local person who is familiar with the workings of the human services network. The logical agency for the Resource Person to work through would be the Panhandle Resource Council as it is a centralized agency. In order for the Resource Person to coordinate the monitoring of agencies, the agencies themselves must implement record-keeping systems of their own. Without accurate documentation, agencies will not be able to apply for temporary assistance during the construction period. Nebraska must be represented in Wyoming meetings during construction to become aware of problems that may affect Nebraska.

3. Resource Fund - \$75,000. This fund would be used for mitigation by human services agencies in the area through an application process demonstrating need. This fund would allow flexibility and be responsive to monitoring results.

This tool will be crucial in making sure none of the human services are adversely affected. A form such as the one used by the Panhandle Resources Council could be used to keep records of people using services due to MX construction activities. This form would be the tool through which record keeping could be coordinated and funds could be applied for. In order for future analysis of the impact MX construction has on the area, these records will be essential. At this point, there are too many variables to be able to project exactly how agencies will be affected or which agencies will be affected.

Agencies that have indicated MX construction may have a greater than "mild" impact on their ability to deliver services have been identified as "targeted" agencies. They suggested they would need an increase in staff funds or program funds to maintain their level of service delivery.

A break down of specific requests are as follows:

<u>Agency</u>	<u>Staff \$\$</u>	<u>Program \$\$</u>
Women's Alcohol Resource Council	\$10,000 - person to establish outpatient program.	
Neighborhood Family Service Center		\$3000 - increase health services
Western Nebraska Legal Services	\$10,000 - person to represent people in court in Kimball	
Panhandle Mental Health Clinic	\$400/wk = \$20,000 yr. increase outpatient service to Kimball	
Domestic Violence Task Force	\$7500 - part time person to expand all services	

Through interviews and response to the questionnaires other agencies have predicted additional funding needs due to MX related activities.

However, their exact requirements can not yet be determined. Taking all of the above into account it is recommended that the amount of money in the Resource Fund be \$75,000. This amount includes the above projections as well as some additional funds to meet as yet unspecified demands.

Requests for Resource Fund use will be contingent upon an application justifying MX generated impacts documented by specific agencies' records. The current status of this fund is uncertain.

4. Human Resources Directory - A list of agencies with a small description of the services provided by each would be distributed to all workers entering the area and made available to all agencies and residents.

An influx of people into an area is likely to unsettle residents. People moving into an area are often unfamiliar with the services an area has to offer. Therefore, if people know where to get help, then they may be more likely to do so before the problem is aggravated.

5. Project Summary - A summary of MX deployment activities including immigration predictions for Nebraska, the monitoring systems being implemented and other pertinent information would be distributed through various public institutions.

This would allow people to find out the basic facts on the project easily, thereby alleviating confusions or misconceptions.

All targeted agencies should keep records of the number of clients served and whether or not clients are using their services due to construction. These records would be collected quarterly. Results from this record keeping may be reacted to in the Agency Representatives Meetings.

EXECUTIVE SUMMARY
HEALTH SERVICES STUDY

The purpose of this study is to explore the adequacy of the existing health care services for the Banner, Kimball and Scotts Bluffs Counties area in Nebraska and to anticipate any changes in service delivery that may occur due to MX-related construction activities.

A survey of health care facilities found that West Nebraska General Hospital in Scottsbluff offers a wide variety of services and has a large staff of medical specialists. Kimball County Hospital also provides quite adequate service to the community. The nursing homes and hospitals surveyed have predicted they will receive little or no impact due to MX-related immigration.

However, future physician needs have been identified in the areas of Internal Medicine, Psychiatry, Pediatrics and Anesthesiology. Community officials should monitor any changes in physician population and make plans to attract new physicians to the area to offset any changes in the delivery of health services.

It is evident that providing health care services to the public should not become a problem for the area. Given the facilities already present in the area, their capabilities and the short distances between the counties, it does not appear that there will be future problems. The health care facilities themselves do not foresee any problems with serving additional MX-related immigration.

Recommendations

In order to offset any anticipated changes in the delivery of health services due to MX related activities to the area, the following recommendations are made.

1. As mentioned earlier, there will be a need for medical professionals specializing in Internal Medicine. Table 2 shows that the population in the area will be sufficient to support at least four additional physicians specializing in Internal Medicine in Scotts Bluff County and one in Kimball County. However, taking into account the close proximity of other health facilities in Colorado and Wyoming, the need for four additional physicians may not be practical. Nevertheless, the need for Internal Medicine specialist exists and should be brought to the attention of local officials.

2. Another physician area where there is a shortage is the area of Psychiatry. According to Table 2, there is sufficient population to support four additional psychiatrists. The close proximity of other health facilities does alter this recommendation somewhat. A more practical recommendation would be for one or two additional psychiatrist even though there is sufficient population, according to the GMENAC's recommendations to support four.

3. Two other areas of physician shortages are also projected. They are in Anesthesiology and Pediatrics. Here the additional need is lower. According to the GMENAC's recommendations, there is sufficient population to support two additional physicians in each area. Once again, local officials need to be aware of these future

needs and plan accordingly to avoid any future breakdown in the delivery of health services to the area.

4. Local Civil Defense agencies should provide information to the public on the safety programs covering missile operations.

Information on Civil Defense planning can be obtained from the Federal Emergency Management Agency, 500 C Street SW, Washington DC, 20472.

EXECUTIVE SUMMARY

EDUCATION STUDY

The purpose of this study is to determine the adequacy of the existing school systems and the ability of the schools involved to handle an immigration of students due to MX-related construction activities in the Banner, Kimball, and Scotts Bluff Counties area of Nebraska.

According to projections made by the Air force and the schools themselves, there should be little trouble in coping with these additional students. Banner County is not projected to receive any MX - related immigration, therefore there will be no impact on its school. Scotts Bluff County schools are projected to receive additional students beginning in 1987. Since the majority of Scotts Bluff Counties' immigration is expected to live in the Scottsbluff - Gering area where the schools are larger and more flexible, the immigration is expected to be handled with relative ease without causing additional needs either financially or through staff increases. Kimball County schools on the other hand, are expected to receive MX - related student immigration in 1988 and 1989 causing an increase in costs and staff levels.

Studies conducted on other construction projects where the workers and their families lived in the communities for a few years and moved on, show that projects such as these often leave negative impacts behind. Studies warn against a community spending a lot of money to improve schools and other community facilities when many of these immigrants are not property owners and contribute little in property tax to support school improvements. The study conducted on the Green Peter Project in

Sweet Home, Oregon, found that project - related immigrants tended to have a low level of community involvement. The people tended to avoid involvement in school and other community affairs. Seventy-one percent of the sampled population said that they seldom or never were involved with the schools. As a response to the Minuteman Missile construction of the early 1970s and to recent oil exploration in the area, Kimball overdeveloped their school systems and are currently faced with excess space. Communities should be cautious in making costly school improvements before determining if there will be a large increase in the tax burden.

At this time there are no known plans for large community or school improvements as a result of expected immigration.

The education systems in the three county area should be able to facilitate the projected increase in student population without serious or costly problems.

Recommendations

In order to maintain the level of education provided to the citizens of Kimball and Scotts Bluff Counties, the following recommendations are made:

1. Increase educational staff for Kimball County Schools. According to the Air Force study, it is suggested that two full-time equivalent employees be added for 1988 and four in 1989.

2. Further inquiries should be made by Kimball County school officials into the PL 81-874 federal assistance program to determine whether this federal assistance would be available and how and when they should apply. This program could contribute to lessen the deficits caused by MX-related immigration and lessen the tax burden for property owners in Kimball County.

3. It is the responsibility of the local school boards involved to plan ahead. Enough lead time has been given by the Air Force in its studies, by its consultants and hopefully, by this study, that advance planning and budgeting can take place so that the existing quality of education will not be lessened and so that special programs will not suffer due to a lack of advance planning.

EXECUTIVE SUMMARY
THE ARTS IN WESTERN NEBRASKA

Concern has been expressed that the impact of MX-construction related immigration on the arts and cultural activities in western Nebraska has not been fully addressed. This short study will attempt to outline the existing programs, project impacts, and to present some recommendations to help insure that the existing quality of arts and cultural activities available to the public are maintained.

The arts and cultural events are offered to residents of western Nebraska by the Nebraska Arts Council, the West Nebraska Arts Center and interested organizations and individuals.

Two hypotheses have been expressed as to the impact of MX-related immigration on the arts. One, articulated by the Air Force study, is that the increase in population will result in an increase in audiences and support for the arts and cultural activities. A second, articulated by individuals currently involved with the arts and other local individuals is that the immigrants will not take an active role in patronizing the arts due to a low level of interest and short-term residency in the area.

The Arts organizations involved in providing these services to the area should monitor any changes in the attendance of their programs that can be attributed to the MX-related immigration and use this information for future planning activities.

Recommendations

The following recommendations are made in order to maintain the existing quality of arts and cultural opportunities available to the area.

1. Monitoring of participation in arts and cultural activities by the immigrant population should be planned. The information obtained by this monitoring activity will provide useful information for future planning activities and help to determine the amount of additional assistance required. The Nebraska Arts Council and the West Nebraska Arts Center in Scottsbluff should coordinate this activity.

2. Information on arts and cultural opportunities should be made available to the immigrant population. This information could be in the form of a brochure or pamphlet and should also include any projects in which newcomers could participate as volunteers. This activity should also be coordinated by the Nebraska Arts Council and the West Nebraska Arts Center.

EXECUTIVE SUMMARY

LAW ENFORCEMENT

Through visits with interested citizens and local officials in the three county area of Banner, Kimball and Scotts Bluff Counties, a more detailed analysis of law enforcement staffing in relation to MX Missile construction activities has been completed.

The purpose of this study was to further analyze the law enforcement situation in Banner County as it relates to monitoring MX construction traffic.

A major question brought up by this study is whether additional law enforcement staff will be needed to aid in enforcing traffic laws in Banner County during the construction period. There has been a projected increase of 22 percent in traffic along State Highway 71, which runs through Banner County into Kimball County. Although the Air Force projects that this figure translates into an increase of the Sheriff's workload of only one day, there is still the possibility that the traffic could be heavier than estimated or that a conflict may arise between construction traffic and harvest traffic necessitating additional law enforcement staff.

Nebraska State Patrol Troop E, headquartered in Scottsbluff has a total of 11 troopers patrolling in the immediate area of Highway 71 and Banner County. However, their availability to aid Sheriff Mooney should problems arise with additional traffic or conflicts with harvest traffic would depend upon what was going on in the rest of the region they patrol.

On the surface it appears as though the current staffing level of law enforcement officers in the Banner County area will be sufficient to handle the increase in traffic. However, the situation should be closely monitored and county officials should be ready to alleviate any shortages in personnel should the need arise in order to maintain the high quality of law enforcement in the area.

Recommendations

In order to maintain the current quality of law enforcement provided to Banner County and to insure the safety and livelihood of all involved, the following recommendations are made:

1. MX-related construction and commuter traffic should be closely monitored in order to determine whether any additional law enforcement staff will be needed. Included in this monitoring should be traffic volumes, peak times when traffic is the heaviest and accident statistics.
2. County officials and the Air Force should work together to avoid any conflicts arising from construction-related traffic interfering with agriculture harvest traffic. Such a cooperative effort could be coordinated through the Banner County Sheriff's Office.

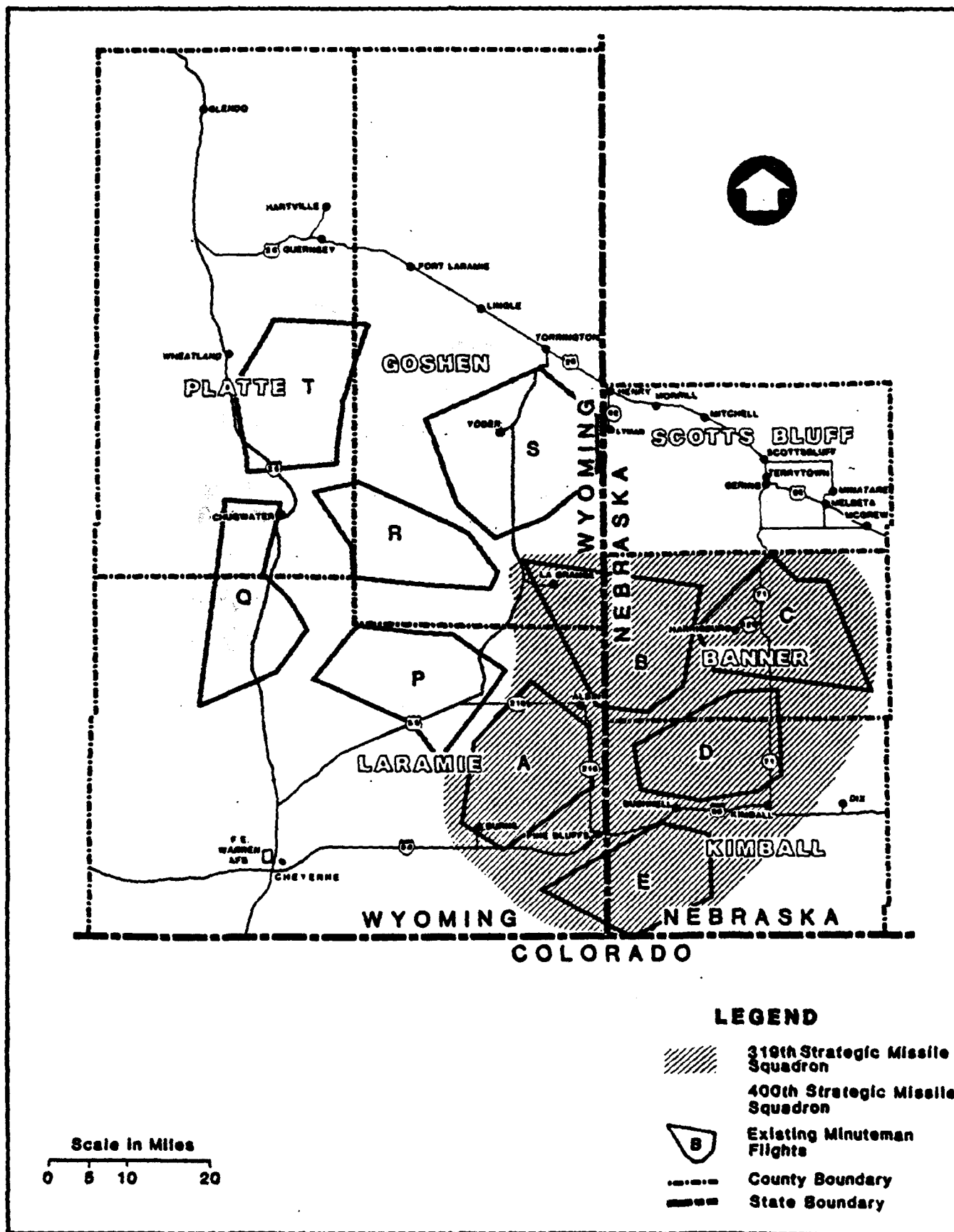
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PREFACE

Construction for deployment of the MX missile system will occur from 1986 to 1989 in an area including Banner and Kimball Counties in Nebraska. 100 Minuteman III missiles will be replaced by 100 MX missiles, which are 4 stage inter-continental missiles capable of delivering up to 10 independently targeted and highly accurate nuclear warheads. Buried cables will link the 319th and 400th Strategic Missile Squadrons (see map on following page). Roads around the missile sites will be upgraded to handle larger operational vehicles. The MX is 71' long, 92" in diameter and weighs 195,000 pounds compared to the 60' long, 66" diameter Minuteman which weighs 78,000 pounds.

Although there will be no construction in Scotts Bluff County, the Air Force predicts that many workers in the area will live in and commute from Scottsbluff-Gering because it is the largest town in the area. The Air Force predicts immigration of project workers and transients to Scottsbluff-Gering to include 100 people over the existing population baseline in 1986, increasing to 340 in 1988, decreasing to 250 in 1989 and falling to zero by 1990. Immigration to Kimball (the Kimball County seat), is predicted to be 75 in 1988 and 300 in 1989. In addition, the Air Force predicts there will be 75 weekly commuters in Kimball in 1987 and less than 10 in 1988. Scottsbluff-Gering is not expected to receive more than 10 weekly commuters in any year during the duration of construction. Banner County is not expected to experience any increase in population due to MX deployment because it is an entirely rural, agricultural area. For more detail on any Air Force projections, or aspects of planned deployment activities, see Peacekeeper in Minuteman Silos: Final Environmental Impact Statement, January 1984, a long



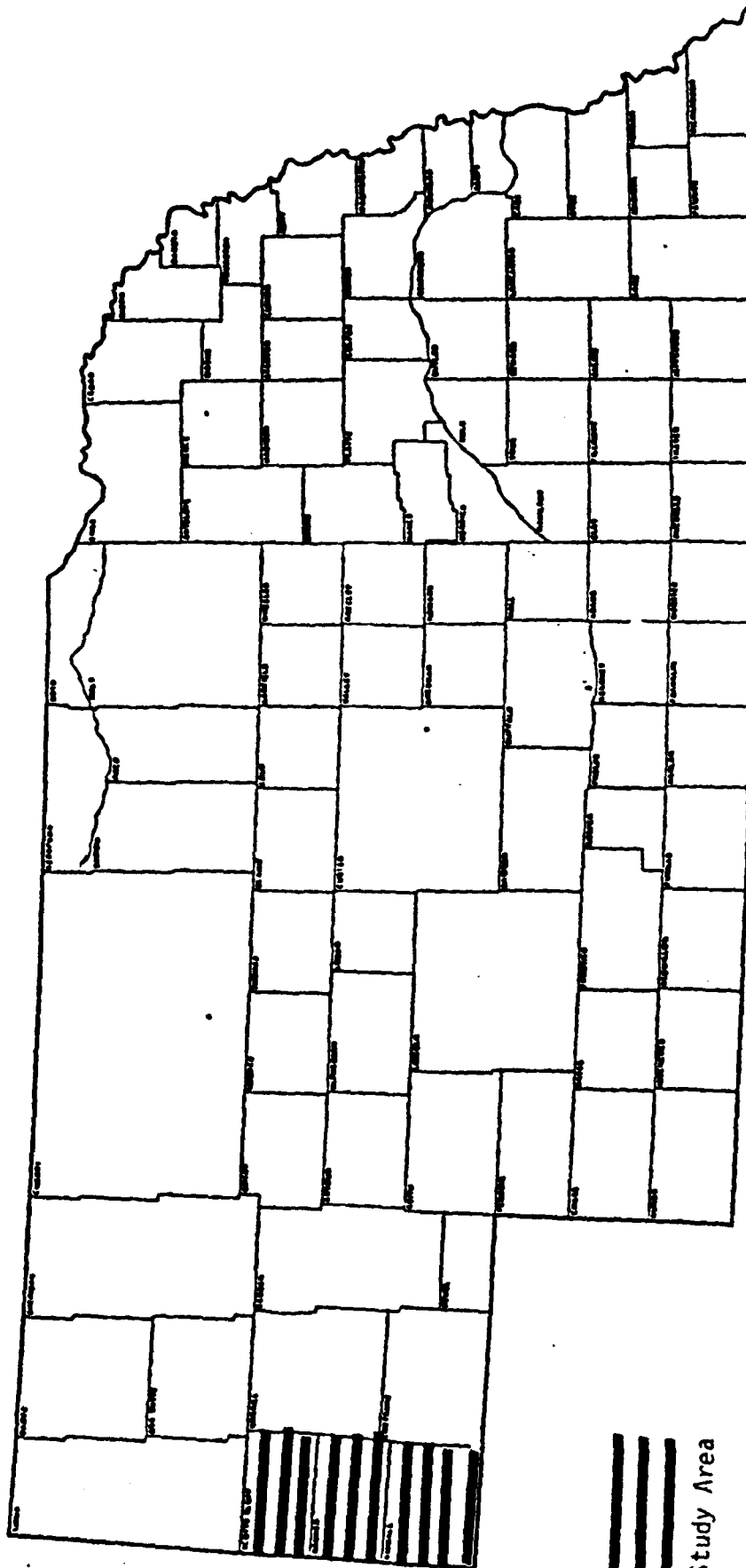
report prepared by the Air Force.

ANNUAL IMMIGRATION TOTALS, INCLUDING PROJECT WORKERS AND TRANSIENTS							
	1984	1985	1986	1987	1988	1989	1990 & CA
Elmore Total	0	0	0	0	75	300	0
Gering-Scottsbluff	0	0	100	100	350	250	0
LOCATION OF AVERAGE ANNUAL WEEKLY COMMUTERS							
Year	1984	1985	1986	1987	1988	1989	
Elmore	0	0	0	75	100	0	
Gering-Scottsbluff	0	100	100	0	0	0	

0 Estimated to be less than 10 persons

MX construction activities and the accompanying population increase will impact Banner, Kimball, and Scotts Bluff Counties in Nebraska. Several studies are being coordinated through the Governor's Policy Research Office to obtain baseline statistics, and to plan monitoring systems and other strategies to try and project any future changes in the service areas covered in this report. These studies are funded through Section 801 of the Military Construction Authorization Act, 1981 (P.L. 96-418 as amended by P.L. 97-99, 10 U.S.C.). This volume is divided into five separate studies, they are: Human Services, Health, Education, Arts in Western Nebraska and Law Enforcement. The report begins with an executive summary of each section. In addition, recommendations for each study are included at the end of each section. The Human Services, Health, Education, Arts in Western Nebraska and Law Enforcement studies were completed through the Nebraska Policy Research Office. Each section has been studied independently.

MAP OF NEBRASKA: STUDY AREA



HUMAN SERVICES STUDY

HUMAN SERVICES

This Human Services Study is one portion of the Human Services, Health, and Education Study completed for the Banner, Kimball, and Scotts Bluff Counties area in Nebraska. This Study had two primary goals. The first was to establish the baseline quality and availability of the human services used by residents of the affected areas in Nebraska and to determine what effects MX construction and population increases might have on that baseline. The second goal was to recommend how best to maintain existing service quality while providing additional services due to deployment.

Purpose and Scope

Construction for MX deployment will occur from 1986 to 1989 in an area including Banner and Kimball Counties in Nebraska. Although there will be no construction in Scotts Bluff County, the Air Force predicts that many workers in the area will live in or commute from Scottsbluff-Gering because it is the largest town in the area. The Air Force predicts immigration of project workers and transients to Scottsbluff-Gering to include 100 people over the existing population baseline in 1986, increasing to 340 in 1988, decreasing to 250 in 1989 and falling to zero by 1990. Immigration to Kimball (the Kimball County seat), is predicted to be 75 in 1988 and 300 in 1989. In addition, the Air Force predicts there will be 75 weekly commuters in Kimball in 1987 and less than 10 in 1988. Scottsbluff-Gering is not expected to receive more than 10 weekly commuters in any year during the duration of construction.

Banner County is not expected to experience any increase in population due to MX deployment because it is an entirely rural, agricultural area.

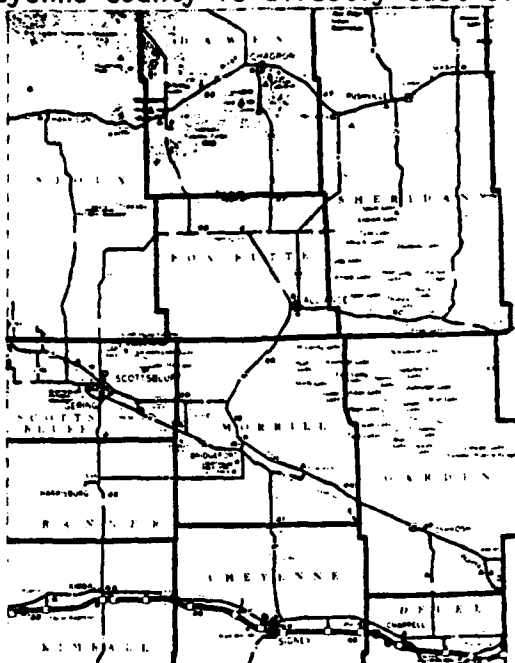
ANNUAL IMMIGRATION TOTALS, INCLUDING PROJECT WORKERS AND TRANSIENTS							
	1984	1985	1986	1987	1988	1989	1991 & On
Kimball Total	0	0	0	0	75	300	0
Gering-Scottsbluff	0	0	100	100	250	250	0
LOCATION OF AVERAGE ANNUAL WEEKLY COMMUTERS							
Year	1984	1985	1986	1987	1988	1989	
Kimball	0	0	0	75	(a)	0	
Gering-Scottsbluff	0	(a)	(a)	0	0	0	

^a Estimated to be less than 10 persons

Although all the projected population increases are for two urban areas (Kimball and Scottsbluff-Gering), an increase in these populations might affect the services offered to all residents in the three county area. Most of the services used by Banner, Kimball, and Scotts Bluff County residents are located in Scottsbluff. If services in Scottsbluff are affected, services to the rest of that county and to the other two will be affected as well. For this study, therefore, "the affected area" has been defined as all human services available to residents in Banner, Kimball, and Scotts Bluff Counties. The larger agencies in Cheyenne County serving Kimball or Banner County residents were also considered since Banner and Kimball County residents often travel there for human resources.

Kimball, Banner, and Scotts Bluff Counties are located in the southwestern corner of the Nebraska Panhandle. The Panhandle is a common term denoting eleven counties in Western Nebraska: Kimball, Banner, Scotts Bluff, Sioux, Dawes, Box Butte, Morrill, Cheyenne, Deuel, Garden,

and Sheridan. Cheyenne County is directly east of Kimball County (see map below).



There are 918 people in Banner County. Harrisburg is the county seat, but it is not incorporated so there are no statistics available. There are 4,882 people in Kimball County, 3,120 being in the city of Kimball, the county seat. There are 38,344 people in Scotts Bluff County, 14,156 being in Scottsbluff, and 7,760 in Gering, the county seat (according to the 1980 census). The Final Environmental Impact Statement (FEIS) projections of immigration and commuters represent a 1.6% increase of population in Scottsbluff-Gering and a 10% increase in Kimball. Population projections without MX construction for the three counties are on the chart below.

TABLE 1: COUNTY POPULATION PREDICTIONS

	<u>1980(census)</u>	<u>1985</u>	<u>1990</u>
Banner County	918	907	906
Kimball County	4,882	4,827	4,808
Scotts Bluff County	38,344	40,392	42,477
Total	<u>44,144</u>	<u>46,126</u>	<u>48,191</u>

Source: Nebraska Bureau of Business Research Population Projections, 1985-2020.

There are many reasons for being concerned about the effect a project such as MX-missile deployment might have on human services. The most important are the following:

1. Any sudden increase in population has the potential for affecting the quality of human resources, especially if the agencies providing such services are faltering to begin with.
2. An increase in population, no matter how small, in small urban areas might be felt, and if such an increase is projected, it makes sense to plan ahead.
3. More of the people who work construction and are new to an area are likely to need certain services than those using the services in the general population.
4. When a new group of people, all working on the same project, come into a town, it is likely the cultures of residents and newcomers will collide, thus increasing the need for services for mental health, alcohol and drug abuse, etc., throughout the population.
5. In any projected increase in population, there are variables whose outcome can not be predicted. No one can be sure to what degree the economy will be affected in either direction, nor what effects possible economic changes might have on human services.

Planning should be done with these variables in mind, and because exact prediction is difficult, flexibility must be built into any recommendations made.

There are additional reasons for the importance of this study embedded in the nature of Western Nebraska and its human services system. Western Nebraska is predominantly rural in nature with small urban areas providing services for large expanses. Obviously the system serving this area cannot be a carbon copy of one serving a densely

populated urban region. One must drop many urban assumptions about how agencies operate and the relationships among them. The sphere of service varies. Some serve the locale, some the county, some a region, and some serve the entire Panhandle. In addition, people are accustomed to traveling for services, so the "normal" service area of any given agency may vary a great deal (for this reason Cheyenne County's larger agencies were included). These peculiarities of Western Nebraska required this study to investigate these relationships and examine service areas before the facts and figures could take on meaning.

Banner, Kimball, and Scotts Bluff Counties in Nebraska represent three different kinds of communities and human service availability found in the Nebraska Panhandle. Banner County is almost entirely agricultural and has no human services located in the county, although there are services available to Banner residents outside of the county. Kimball County has several towns and several human service agencies in Kimball. However, most of Kimball's agencies are field offices of Sidney or Scottsbluff organizations. Scottsbluff is the largest town in the area and operates several large Panhandle-wide agencies as well as county and local ones. The Human Services study was complicated by these varying service regions and relationships within and between agencies; understanding them was crucial.

The Air Force projections for the area increase the population by 10% and 1.6% in Kimball and Scottsbluff-Gering respectively, as mentioned earlier. The effects of this change are hard to predict. They may be great or small, and one must keep in mind all the variables mentioned at the beginning of this report. There are peculiarities in serving a mixture of rural and urban areas over a large expanse of land, as agencies in Western Nebraska do. These added complexities make it more

difficult to get an accurate picture of the baseline quality and availability of human services. For these reasons, extra care had to be taken in studying the human services available to residents of Banner, Kimball, and Scotts Bluff Counties in Nebraska. Recommendations based on the research done appear in the Recommendations section of this report. They suggest the best ways to help human services agencies in Western Nebraska prepare for any impact MX construction and immigration might have on their services.

Description of Survey

This Study of Human Services had two goals, as mentioned before. The first was to find out what human services are available, how well they are functioning, how capable each agency and the system as a whole is of handling any increase in clientele, and what ideas agencies had for preparing for MX deployment. The second goal, based on these findings, was to suggest appropriate recommendations that are both flexible and feasible. Flexibility in this instance requires low cost, lack of complexity, and plans that can be implemented and adapted locally. Information from a questionnaire and many personal interviews served as the basis for accomplishing both goals. The actions taken and methods used throughout the survey will now be discussed, before moving on to the results and recommendations.

The first step of the study was to compile a list of human services in Banner, Kimball, and Scotts Bluff Counties. A preliminary list of 22 was taken from the Final Environmental Impact Statement (FEIS) done by the Air Force. By going through the local telephone book yellow pages, the number was increased to over 40. The larger agencies in Sidney were

included because Kimball County residents often travel there for human services. The search for agencies continued through a survey question and conversations.

A questionnaire (Appendix A) was used to prepare an inventory of the types and capacities of the services used by residents of Scotts Bluff, Banner, and Kimball Counties. At the top of the questionnaire were the Air Force's projected immigration statistics so that respondents could estimate how many more clients they might have to deal with. Questions 1-9 were to discern which services are provided to whom, how they are provided, and if the agency thinks it is capable of handling more people. Question 10 was to check the list of agencies for omissions. Questions 11 and 12 gave respondents the chance to project any impact on their agencies and ways of preparing for it. The last two questions were to sample opinion about two suggestions offered to help residents deal with the influx of people and construction in their area. The first suggestion was that a human services directory could be compiled, therefore making the services more accessible. If everyone is aware of what human services are available, they may be more likely to use them before a crisis arises. The second suggestion was that a hotline for information about MX construction activities would allow residents to find out the status of construction which might help minimize rumors or fears.

The availability of services in the three counties affected by construction is complicated by networking that is not clear to a non-local observer. Many small areas have only a field agency providing the basic services. These field agencies (due to contact names, addresses, and phone numbers) seem self sufficient and able to provide all the services normally available from a particular organization.

However, not all services available through a specific agency are available directly in the locale. Furthermore, small organizations managed by larger ones are not always equipped with the information requested. In order to get complete responses to the questionnaires, as well as to better understand the way human services work in the three counties, local networking had to be understood.

A request for the name and address of any agency overseeing the particular agency's functions was added to the survey. The basic questionnaire was also augmented by three subsections (1a, 2a, and 4a) to make the "long form." The short version was sent to most of the smaller agencies on the list. The longer version was sent to agencies likely to act as central organizers for other agencies or as supporters of field agencies. These additional questions and two forms enabled the agencies and their relationships to one another to be coded more easily.

Questionnaires were sent to all of the starred agencies on the alphabetical list (Appendix B). There were several mailings. As new, and autonomous or managerial agencies were discovered, more questionnaires were sent out. To get a higher response rate, stamped self-addressed envelopes were included with the survey and explanatory cover letter.

As the responses came in, they were coded on a single sheet so that the general atmosphere and capability for expansion could be determined. Certain responses (1, 7, 8, 11, and 12) were also filed onto index cards for later reference by agency or agency type. The return rate was good, but not complete. Those who did not respond were called. The information was taken over the phone, or a speedy reply was encouraged. Some of the responding agencies were called to clarify information and maintain contact.

A great deal was learned from the surveys as to what types of human services are available in the three counties. Phone calls were crucial in tracking down small organizations for whom the survey was not appropriate and getting details of information hinted at in the questionnaire responses. However, a trip made to Scottsbluff, Kimball, and Banner County was critical to understanding how the networking system operates there. Local agency representatives and residents were interviewed about the condition of several agencies, about how the system might be affected by MX deployment, and about how agencies might be helped to protect themselves against any impacts. The spontaneity in these personal interviews made it easier to gain knowledge in a short period of time.

Survey Response

The questionnaire was eventually sent to all the starred agencies on the Alphabetical List of Human Services Agencies (Appendix B). As mentioned earlier, this list was compiled using the list in the FEIS, the phonebook and references made on the responses. Churches, for the most part, were not included in this study, although it is certainly recognized that they provide a wide range of human services. The two church organizations included are those operating county-wide emergency food shelves in Kimball and Scottsbluff.

It was suggested that service organizations such as the Lions Club be included, but they did not seem appropriate for this study. This is not to say they are not a human resource. However, it would be too difficult for someone located in Lincoln to discover all of the service organizations and to assess what services they provide to their

communities. Some small organizations and support groups have been included, but not exhaustively so. In most cases it is assumed that people could find these groups if they needed them. Most of these groups advertise only by word of mouth. Larger agencies do referrals to the smaller organizations on an individual basis. Agencies on the list but not starred are either field offices, managed by another agency, or information about them was received by phone. Phone interviews were used when not all of the survey questions were appropriate. Notes on the relationships among all the agencies will follow the Total Response section.

Total Survey Response

The total responses to the questionnaire provide some insight into the human services system in Banner, Kimball, and Scotts Bluff Counties. 33 agencies responded out of 35 sent to existing agencies. There were several agencies in the phonebook but no longer in operation under the same name and address. Not all agencies answered every question, nor were the questions all answered in the same manner. A response was received, through a mixup, from the Western Nebraska General Hospital, but their numbers have not been included because almost all of their 7000 patients a year are for medical care. The Chemical Dependency Unit located in the hospital has been included. A response was solicited from the Sidney Day Care Center but not used because it serves only Sidney which is not directly in the scope of this study. All other responses received are included here.

A total of 33 agencies responded to the survey. 44,983 people are reported as using 30 agencies. This number represents a variety of units of measurement. Some agencies count individuals, others families, others

units of services, and still others phone calls. Therefore, this number can be interpreted in many ways. All of the agencies indicated what ages they served. A breakdown of the percentage of agencies exclusively serving a particular age group are as follows:

TABLE 2: AGENCIES EXCLUSIVELY SERVING CERTAIN AGE GROUPS

36%	served all ages
15%	served children and young adults
12%	served adults
6%	served elderly
31%	served a combination, such as young adults and adults
100%	

Source: Survey Response Forms, Human Services Study 1984.

Twenty-nine agencies indicated their funding sources. Panhandle Community Services, Park Terrace, and the Departments of Social Services budgets vary too much from year to year or are a complicated and undefinable mix of federal and state funds. The percentages were based on 29 agency responses instead of all 33 to make the numbers more accurate. Funding is received fairly evenly from sources across the board, as one may see from the table. However, it was impossible to weight these responses according to budget size. For example, an agency spending only \$3,000 a year from two sources counted as many percentage points as an agency spending a million dollars a year from the same distribution of sources. Any agency operating mainly from United Way funds or gifts (which is how United Way itself is funded) works with a great deal less money than agencies using other funds.

Funding sources are listed below as follows:

TABLE 3: FUNDING SOURCES

16%	from Local government
17%	from state government
17%	from federal government
21%	from gifts
10%	from the United Way
19%	from other sources, i.e. fees
100%	

*Source: Survey response forms, Human Services study, 1984.

The agencies also indicated whether their funding was stable or not. 46% of the agencies said yes, 27% said no and 27% did not respond. In addition, agencies indicated the sufficiency of their funding. 47% thought their funding was sufficient, 36% did not think funding was sufficient and 21% did not respond.

Thirty-three agencies reported hiring a total of 593 people, 412 full time and 181 part-time. In addition, there were 2,342 volunteer hours reported, but several of the organizations run almost entirely by volunteers did not indicate hours/week or the number of volunteers used. The total number of volunteers, therefore, is low, but it adds the equivalent of 58.6 more full time workers to the human services labor force.

A majority, 70%, of the agencies said their facilities were adequate for managing additional clients. 24% said their facilities were not adequate for handling an increase in clients.

In response to the capability of existing staff to handle an increase in clients, 45% responded yes, 25% responded no, 12% responded yes only if there was an increase in funding for staff and 18% did not respond.

Also on the survey, the agencies were asked to indicate how much impact MX construction activities will have on them. This question was a value judgment to be based on population projections given at the top of the survey form. Three agencies felt they could not predict the effect. The majority of the rest felt there would be a mild effect on their services. This reflects the acknowledgement that any increase in clients will be felt by these agencies, but that most feel equipped to handle MX impacts with only minor changes in their programs. The responses were as follows:

TABLE 4: IMPACT RESPONSE

9% no impact
40% mild impact
24% moderate impact
9% great impact
6% severe impact
12% did not respond
100%

*Source: Survey response forms, Human Services study, 1984.

44,983 people are reported as using 30 agencies (three did not respond to this question). Unfortunately, this number of people is not very accurate, even for the 30. Some agencies count individuals, others families, others units of services, and still others phone calls. In addition, both Education Service Units which serve fairly large numbers, did not answer this question. 44,983 includes service to Sidney, which must be subtracted to make any kind of population comparison. The 29 agencies serve 43,330 Banner, Kimball, and Scotts Bluff County residents. This number of people represents 91% of the population of the three counties which implies an impossibly high use of services. Unfortunately, this is an unreliable figure that cannot be used for comparison forecasting. Using this number to predict how many more people would use the services due to MX construction is also impossible because no one knows exactly what cross-section of people will immigrate. The people coming into Scottsbluff-Gering and Kimball may or may not use services at the same rate current residents do.

Almost all of the agencies indicated use by residents of Scotts Bluff County. Only ten agencies reported use by residents of Banner County, but all Panhandle-wide services are available to Banner County people. Furthermore, all organizations but those with county residency requirements would likely welcome a Banner County resident if s/he went to the agency. Many agencies in all but Scotts Bluff County are field

offices. Those who have not served migrants or transients either refer them to the appropriate agency or have not encountered such clients.

The table below indicates the which areas have received service from the given agency.

TABLE 5: SERVICE AREA

	<u>Local</u>	<u>Banner County</u>	<u>Kimball County</u>	<u>Scotts Bluff County</u>	<u>Cheyenne County</u>	<u>Migrants- Transient</u>
Aging Office of Western Nebraska	X		X	X	X	X
Foster Grandparents Park Terrace	X		X	X	X	
Chemical Dependency Unit	X	X	X	X	X	X
Homestead Halfway House	X		X	X	X	X
Native Am. Women & Youth Alcohol Service Program	X			X		X
Women's Alcohol Res. Council Inc.	X		X	X	X	
Head Start Program	X		X	X	X	
Neighborhood Family Service				X		X
Panhandle Comm. Services United Way	X		X	X	X	
Y.M.C.A.				X		
Cooperative Ministries NE Dept. of Social Services, Dist. Office				X		X
Gering	X			X		X
NE Dept. of Social Services, Area Office						
Sidney	X	X	X	X	X	X
Panhandle Mental Health Center	X	X	X	X	X	X
County Veterans Service	X	X	X	X		X
Veterans Service Center	X			X		X
Domestic Violence Task Force	X	X	X	X	X	X
Friends Inc.	X					
Scotts Bluff County Volunteer Bureau				X		
Scottsbluff Family Planning Project	X	X	X	X	X	X
The Compassionate Friends	X	X	X		X	
Panhandle Community Services			X	X	X	X

Many types of media are used by agencies to publicize their services. Four did not answer the inquiry. One, the Panhandle Mental Health Center, is stopping all advertising. It will not be useful to provide each agency's response to the media question. Only one agency relies solely on word of mouth: the Scotts Bluff Cooperative Ministries. The Alcoholics Anonymous that were not included on the survey indicated they rely almost solely on word of mouth, but do occasionally broadcast contact phone numbers over the radio and so forth. It appears safe to assume that all the agencies in this study could be found by a client through one means or another. The referral rate from large agency to small is high.

The suggestion for incorporating a hotline for information on construction activities was not embraced: 55% said it would not be useful. However, 27% said it would be useful. All were answering for their agency, not themselves. It might be a good information tool for individuals in the community, as opposed to agencies. 76% of the agencies said a human services directory would be useful for both agencies and clients. More will be said about these and other suggestions in the Recommendations section of this report.

Agency Relationships

From this point on, the agencies and results will be discussed by service type (Aging, Alcohol and Drug Abuse, etc.). One agency may appear twice if it fits in several categories. This has been done so the quality of each type could be assessed and compared. The relationships within and among agencies took some time to establish and were discovered in part in the responses to the questionnaire. However, this report will

be clearer if the networking is described before breaking down the survey results. To this directory, the relationships among agencies and whatever historical information known has been added after the service descriptions. Statistical information known about agencies not included in the survey may also be found in the directory. The directory, as listed below, could serve as the basis for a human services directory for the area's residents and newcomers.

HUMAN SERVICES AGENCIES DIRECTORY (Description of Services)

AGENCY NAME, ADDRESS AND SERVICES

PHONE

AGING

Aging Office of Western Nebraska*

4502 Av I Scottsbluff

635-0851

Respite care; employment for the elderly; in-home/handyman services; congregate meals; legal referral; information and referral. Acts as the coordinating agency for the nutrition programs, and does referral for transportation, handyman, and other services available at the sites listed below. The Aging Office does not manage any other activities at these sites although there are locally organized events. The senior centers are staffed mostly by volunteers.

Colson Manor Nutrition Site

Minatare

783-2022

Nutrition; Information and referral, low income housing for elderly and disabled through the Scotts Bluff County Housing Authority.

Friendship Senior Center

108 S. Oak, Kimball

235-4505

Nutrition; Information and referral.

Gering Multi-Purpose Senior Center

2005 Depot, Gering

436-3233

Nutrition; Information and referral.

Guadalupe Recreation Center

1200 9th Ave., Scottsbluff

632-3941

Nutrition; Information and referral.

Jaycee Senior Citizen Club

213 W 26th, Scottsbluff

635-0263

Nutrition; Information and referral.

Reorganized Church of Jesus Christ of Latter Day Saints
 1623 4th Ave., Scottsbluff 632-3986
 Nutrition; Information and referral.

Lyman Senior Citizens Center
 Lyman 787-1265
 Nutrition; Information and referral.

Mitchell Cafe
 1344 Center Ave., Mitchell 623-1815
 Nutrition; Information and referral.

Morrill Nutrition Site
 Morrill Manor, Morrill 247-3323
 Nutrition; Information and referral.

Foster Grandparents*
 4502 Ave. I, Scottsbluff 635-3731
 Part-time jobs for low income elderly helping children.

Kimball County Manor
 810 E 7th, Kimball 235-4693
 Nursing home.

Mitchell Senior Citizens
 125 & Center Av Mitchell 623-1145
 Run by a local board

Morrill Manor
 Morrill 247-3323
 Low income housing for elderly and disabled through the Scotts Bluff
 County Housing Authority.

Park Terrace*
 1401 E 4th, Kimball 235-2226
 Low income housing for the elderly and disabled through the Kimball
 County Housing Authority.

Scottsbluff Villa
 111 W 36th, Scottsbluff 635-2019
 Nursing home.

Senior Citizens Club
 1115 12th Ave., Scottsbluff 632-2230
 Locally operated; open two days a week; for Hispanics.

Western Nebraska Nursing Home
 1508 22nd Avenue Mitchell 623-1212
 Nursing Home.

ALCOHOL AND DRUG ABUSE

Alcohol & Drug Abuse Prevention Team (ADAPT)

Box 34 Gering

632-2033

Parent program; youth group engaging peer pressure against alcohol and drug abuse; education and other targeted areas. ADAPT began under the sponsorship of the police department with volunteers. It is now a parents group which organizes alternative activities for youth and is sponsored by the United Way.

Chemical Dependency Unit*

West Nebraska General Hospital

Ave. B South Unit, Scottsbluff

635-3711

Inpatient Drug and Alcohol program; limited outpatient; evaluation and referral; medical detoxification program.

Gering Alcoholics Anonymous Group*

1428 10th, P.O. Box 103, Gering

436-3500/632-0210-work

Support and self - help group for alcoholics.

Homestead Halfway House*

1624 Ave. A, Scottsbluff

632-7484

Men's halfway house; co-ed social setting detoxification center.

Kimball Alcoholics Anonymous Group

235-2401

Two AA meetings a week and Al-Anon meetings at 509 W 5th. Answering service information line at Kimball County Hospital: 235-3612.

Native American Women and Youth Alcohol Service Program-

Flying Eagle Council*

4110 Ave. D, Scottsbluff

635-3171 X 39

Recreational program; transportation; counseling and education; outreach; referral. Includes men although geared for Youth and Women. The Council is located in the Panhandle Mental Health Clinic.

New Hope

635-2732

Young people's Alcoholics Anonymous group activities and Al-Anon.

Scotts Bluff Alcoholics Anonymous

635-1133

Four AA meetings a week. Support and self-help group for alcoholics.

Women's Alcohol Resource Council Inc.*

513 W 24th, Scottsbluff

635-2731

Eight bed halfway house for chemically dependent women eighteen and over for support, recovery, and re-integration into society. Includes individual and group counseling, employment and education assistance, motivation toward financial independence, and after-care groups. Open women's Alcoholics Anonymous meetings once a week.

CHILDREN AND YOUTH

Educational Service Unit #13*

4215 Ave. I, Scottsbluff

635-3696

Center for Exceptional Children serving children of Banner and Scotts

Bluff Counties through many programs. Special school to help handicapped students develop salable skills; special education transportation system; special classrooms in regular school buildings; instructional resource and support services for the mildly handicapped in regular classrooms; homebound instruction; diagnostic and evaluation services; rural rehabilitation services; speech and language development; media services; inservice education for teachers, administrators and school board members; cooperative projects.

Education Service Unit #14*

Box 77, Sidney 254-2223
Center for Exceptional Children serving Sidney and Kimball Counties.
Services for handicapped children apparently somewhat along the lines of ESU #13 above.

Foster Grandparents*

4502 Ave. I, Scottsbluff 635-3731
Part-time jobs for low income elderly helping children.

Friends Inc.*

733 Rosedale Dr., Scottsbluff 635-0721
Matches volunteers with children and youth from the community.
Similar to a big brother or sister program.

Head Start Central Office*

4502 Ave. I, P.O. Box 1469, 635-3089
Scottsbluff
Coordinator for the center based and home based head start programs in the area. Pre-school for low income 3-5 year olds meeting poverty guidelines. There are three kinds of Head Start programs all run through the Central Office which is within Panhandle Community Services.

Head Start Center
509 W. 5th, Kimball 235-4312
This has room for 25 children.

Head Start Center
323 Jeffers Ave, Lyman 787-1717

Head Start Center
1426 13th, Mitchell 623-2225

Head Start-Gering Center
2005 4th, Gering 436-2724

Learning Tree Day Care Center*

509 W 5th, Kimball 235-4312
Day Care Center 18mths. - 10yrs. Open from 7 a.m. to 5 p.m.

New Hope

635-2732
Young people's AA group activities and Al-Anon.

Panhandle Day Care Center Inc.*

1208 Ave. L, Scottsbluff 632-5356
Daycare 6:30 a.m.-5:30 p.m.

COMMUNITY

Guadalupe Recreation Center
1200 9th Ave., Scottsbluff
Neighborhood center.

632-3941

Hunts Acre Recreation Center
Ave. X and 18th St., Scottsbluff
Neighborhood center.

Neighborhood Family Service*
1202 11th Ave., Scottsbluff

632-3044

Health care for the underserved, perscription help fund, and education on practical use of medical services. RISK Reduction program: tobacco and alcohol education program for youth and adults. Alcoholism prevention program for the Guadalupe Neighborhood. The appropriate guidelines are followed for each program.

Panhandle Community Services*

4502 Ave. I, Scottsbluff

635-3089

Serves as the organizing agency for the Community Action Agencies in the Panhandle through which all of the following services are available. Emergency food pantry for migrants; used clothing; referral; runaway youth; weatherization; infant toddler center; Women Infant Children Program; Commodity Supplemental Food Program. Panhandle Community Services works with and occasionally routes appropriate money to Cooperative Ministries and Valley Christian Neighbors in Need to make sure emergency needs are met and not duplicated.

Community Action Agency
509 W 5th, Box 35, Kimball

235-3048

Scotts Bluff County Health Dept.*

County Administrative Bldg., Gering

436-6636

Community Health Nursing and Education: Pre-natal classes; maternal health and child care; immunization clinics; blood pressure and blood sugar screening; school nursing; child abuse and neglect counseling; tuberculosis testing; communicable disease investigation and control; home visits, nursing; health education; senior citizen center screenings; health services to county jail. Environmental Health: Private water supplies; sewage disposal; refuse disposal; pest control; school inspections; mobile home park inspections; child care homes; investigation of housing complaints.

United Way*

1721 Broadway, Suite 313, Scottsbluff

635-2522

Identify and prioritize community needs. Review local agencies addressing these needs. Raise funds to support programs meeting community needs. Currently help support 16 agencies.

YMCA*

P.O. Box 251, Scottsbluff

635-2318

Offers a variety of services including, a Healthy Hearts, Cardiac Rehabilitation Exercise Program; Health Enhancement; Universal DVR

Circuit Weight Training Center; Youth and Adult Programs; Adult Programs, Volleyball, Basketball, Racquetball; Aquatic Programs and many others.

FAMILY

Child Saving Institute*

25 Crestview Rd., Gering

632-3717

Volunteer representative who does only referral to the Child Saving Program which is an adoption agency based in Omaha. Child Saving offers counseling for couples who want to adopt and pregnant women considering adoption as well as matching families with children.

The Compassionate Friends*

716 Maple, Kimball

235-4163

Support group for parents who have lost a child. Chapter of a nationwide organization with meetings and monthly newsletters.

PRIDE* (Parents Resources and Information on Drug Education)

North Starr Rt., Kimball

235-2006

Parents group working to provide youth activities, partially as an alternative for alcohol or drugs.

Scottsbluff Family Planning Project*

610 W. 27th, Scottsbluff

635-1020

Women's Clinic: blood tests, pregnancy tests, birth control; presentations; counseling; referral.

LOW INCOME ASSISTANCE

Cooperative Ministries

2002 4th Ave., Scottsbluff

635-2059-church #

Body of ministers and lay people working together for relief to the poor, inter-racial concerns and occasional ecumenical worship. Some human service agencies have associate memberships in the council so communication can remain clear. Services include: supporting the Valley Christian Neighbors in Need's food pantry and clothing bank, running day camps for kids on inter-racial cooperation, sponsoring annual Crop Walk.

Nebraska Department of Social Services, Panhandle District Office*

1030 N, Gering

436-3341

All categorical assistance programs, including Aid to Dependent Children, child support, and aid to the Aged, Blind and Disabled. All Title XX Services, which include: transportation, day care for adults and children, chore services, homemaker, home delivered and congregate meals, adult and child protective services, supportive services, food stamps, commodity distribution, emergency assistance, Catastrophic Illness, and Energy Assistance.

Nebraska Department of Social Services*

P.O. Box 357 Courthouse, Sidney

All categorical assistance programs, including Aid to Dependent

Children, child support, and aid to the Aged, Blind and Disabled. All Title XX Services, which include: transportation, day care for adults and children, chore services, homemaker, home delivered and congregate meals, adult and child protective services, supportive services, food stamps, commodity distribution, emergency assistance, Catastrophic Illness, and Energy Assistance. Serves as the main administrative office for Kimball and Banner Counties.

Nebraska Department of Social Services

214 S. Walnut, Kimball

235-4624

All categorical assistance programs to Kimball and Banner Counties including, Aid to Dependent Children, child support, and aid to the Aged, Blind and Disabled. All Title XX Services, which include: transportation, day care for adults and children, chore services, homemaker, home delivered and congregate meals, adult and child protective services, supportive services, food stamps, commodity distribution, emergency assistance, Catastrophic Illness, and Energy Assistance.

Neighborhood Family Service*

1202 11th Ave., Scottsbluff

632-3044

Health care for the underserved, perscription help fund, and education on practical use of medical services. RISK program: tobacco and alcohol education and prevention. Alcoholism prevention program for the Guadalupe Neighborhood. The appropriate guidelines are followed for each of these programs.

Panhandle Community Services*

4502 Ave. I, Scottsbluff

635-3089

Emergency food pantry for migrants; used clothing; referral; runaway youth; weatherization; infant toddler center; Women Infant Child Program; Commodity Supplemental Food Program. Serves as the organizing agency for the Community Action Agencies in the Panhandle through which all of the previous services are available. Panhandle Community Services works with and occasionally routes appropriate money to Cooperative Ministries and Valley Christian Neighbors in Need to make sure emergency needs are met and not duplicated.

Community Action Agency

509 W 5th, Box 35, Kimball

235-3048

Organized by the Panhandle Community Services and offers the same services as the Panhandle Community Services does.

Park Terrace*

1401 E. 4th, Kimball

235-2226

Low income housing for the elderly and disabled through the Kimball County Housing Authority.

Valley Christian Neighbors in Need*

2314 3rd Ave., Scottsbluff

632-2541/8374-home

Clothing store open to all; emergency shelter; emergency food pantry through referral. Funded solely through church offerings.

Western Nebraska Legal Services Inc.*

9 E. 15th, Scottsbluff

632-4734

Free legal services in civil cases for low income people.

MENTAL HEALTH

Panhandle Mental Health Center (PHMC)*

4110 Ave. D, Scottsbluff 635-3171
Comprehensive mental health. Out patient services to Kimball.
Serves as the clearinghouse for Federal and State alcohol funds
for the area, but does not manage them in any way. The Flying
Eagle Council is located in Panhandle Mental Health Center, but
operates independently. There are currently 2-3 week waits for
services.

Mental Health Services*

1023 8 Ave., Sidney 254-5370
Extension of Panhandle Mental Health Center; soon to be moved back
to Scottsbluff.

MENTAL RETARDATION

Mental Retardation Admin Area II-Region I*

Box 170, Scottsbluff 635-8016
Residential services; workshop training program; child
developmental center. Serves Scotts Bluff and Banner Counties.

Mental Retardation Admin Area III-Region I*

2240 Jackson St., Box 133, Sidney 254-6270
Residential services; workshop training program. Serves Kimball
and Cheyenne Counties.

VETERANS

County Veterans Service*

214 South Walnut, Kimball 235-3141
Aid and service to Veterans and their dependents. Federal and
State funds are available through the Service.

Veterans Service Center*

Courthouse, Gering 436-6643
Aid and service to Veterans and their dependents. Serves Scotts
Bluff County residents and non-residents. Federal and State funds
are available through the Service.

VIOLENCE

Domestic Violence Task Force*

P.O. Box 434 Scottsbluff 632-3683
Hotline; crisis center; support groups; three bedroom emergency
shelter & transportation; access to medical, legal and financial
assistance.

VOLUNTEERS

Friends Inc.*

733 Rosedale Dr., Scottsbluff 635-0721
Matches volunteers with children and youth from the community.
Similar to a big brother or sister program. Sponsored by the
United Way.

Scotts Bluff County Volunteer Bureau*

4502 Ave. I, Scottsbluff 632-3736
Links volunteers with agencies, especially meals on wheels, RSVP,
etc. through United Way funding.

WOMEN

Child Saving Institute*

25 Crestview Rd., Gering 632-3717
Volunteer representative who does only referral to the Child
Saving Program which is an adoption agency based in Omaha. Child
Saving offers counseling for couples who want to adopt and
pregnant women considering adoption as well as matching families
with children.

Domestic Violence Task Force*

P.O. Box 434, Scottsbluff 632-3683
Hotline; crisis center; support groups; emergency shelter &
transportation; access to medical, legal and financial assistance
library of information and films.

Scottsbluff Family Planning Project*

610 W. 27th, Scottsbluff 635-1020
Women's Clinic: blood tests, VD screening, pregnancy tests, birth
control; presentations; counseling; referral through the Nebraska
Department of Health..

Women's Alcohol Resource Council Inc.*

513 W 24th, Scottsbluff 635-2731
Eight bed halfway house for chemically dependent women eighteen
and over for support, recovery, and re-integration into society.
Includes individual and group counseling, employment and education
assistance, motivation toward financial independence and after
care groups. Open women's Alcoholics Anonymous meetings once a
week.

In Appendix C, a chart showing the organization of the Panhandle Community Service agencies has been included to further the understanding of the networking in the area.

The United Way supports 16 programs in the area. They review them to make sure each is meeting the needs of the community. In some cases, such as Friends Inc. and the Volunteer Bureau, the United Way is the sole funding source. In other cases, such as the Homestead Halfway House and Women's Alcohol Resource Council (WARC), United Way's contribution is only a part of the entire budget. When United Way is the sole funding source, they may contribute most of the members of the particular organization's directing board. A list of the 16 programs supported by the United Way is as follows:

- Alcohol & Drug Abuse Prevention Team
- Boy Scouts
- Campfire
- Friends Inc.
- Girl Scouts
- Guadalupe Recreation Center
- Homestead Halfway House Detox Program
- Hunts Acre Recreation Center
- Neighborhood Family Service Center
- Panhandle Day Care Center
- Red Cross
- Scotts Bluff County Volunteer Bureau
- Summer baseball programs in Scottsbluff & Gering
- Summer five week camp for physically or mentally handicapped youth
- Women's Alcohol Resource Council

Funding Information

The table below lists the funding sources for each agency. A more specific listing in the form of a directory is included in Appendix D at the end of this report. This directory, organized by agency type, indicates the percentage of funds received from each source. The bulk of agencies' responding to the questionnaire are supported by state and/or federal funds. Many agencies receive federal funds that require a state

or community match in funding. One such agency is the Foster Grandparents program which receives 80% of its funding from a federal program and the remaining 20% is received through a community match in funds. Other agencies such as Valley Christian Neighbors in Need, are supported through church offerings which are not always a stable source of funding.

TABLE 6: AGENCY FUNDING SOURCES

<u>AGENCY</u>	<u>LOCAL/ COUNTY</u>	<u>STATE</u>	<u>FEDERAL</u>	<u>UNITED WAY</u>	<u>OTHER (SPECIFY)</u>
Aging Office of Western Nebraska Foster Grandparents Park Terrace Chemical Dependency Unit	X	X	X X X		Patient fees
Homestead Halfway House	X	X		X	
Native Am. Women & Youth Alcohol Service Program		X			
Women's Alcohol Res. Council Inc.			X	X	
Head Start, Central Of. Neighborhood Family Service	X		X		
Panhandle Comm. Services United Way		X	X X	X	Churches
Y.M.C.A. Cooperative Ministries					Member fees CROP Funds Churches
NE Dept. of Social Services, Dist. Office, Gering		X	X		
NE Dept. of Social Services, Area Office, Sidney		X	X		
Valley Christian Neighbors In Need					Churches
Panhandle Mental Health Center	X	X	X		
County Veterans Center	X	X	X		
Veterans Service Center	X	X	X		

Domestic Violence
Task Force
Friends Inc.
Scotts Bluff County
Volunteer Bureau

X

Fund Raising

X

X

AGENCIES FUNDED BY THE UNITED WAY

Alcohol & Drug Abuse Prevention Team
Boy Scouts
Campfire
Friends Inc.
Girl Scouts
Guadalupe Recreation Center
Homestead Halfway House Detox Program
Hunts Acre Recreation Center
Neighborhood Family Service Center
Panhandle Day Care Center
Red Cross
Scotts Bluff County Volunteer Bureau
Summer baseball programs in Scottsbluff & Gering
Summer five week camp for physically or mentally
handicapped youth
Women's Alcohol Resource Council

*Source: Survey response forms, Human Services study, 1984.

United Way supports the 16 programs above. They review them to make sure each is meeting the needs of the community. In some cases, such as Friends Inc. and the Volunteer Bureau, the United Way is the sole funding source. In other cases, such as the Homestead Halfway House, United Way's contribution is only a part of the entire budget.

Recommendations

It is not the responsibility of this report to suggest aid, in the name of the MX, to agencies already faltering. It is within the scope of this study to: point out any current weaknesses in human service delivery to Banner, Kimball, and Scotts Bluff Counties that might be pushed past the breaking point during construction for MX deployment; to target any agencies that might be affected more than others due to the nature of their services; and to make recommendations flexible enough to protect the entire network against impacts both unforeseen and predicted.

The FEIS assessed the abilities of the larger agencies in Kimball and Scotts Bluff Counties to meet increased demands due to natural population increases over the next six years. That report examined primarily population projections, and the capacities of agencies' facilities. Recommendations were made to cover certain gaps and weaknesses (see Vol 3 pp. 7-47 - 7-54, 8-80 - 8-102 of the Environmental Planning Technical Report for details). Several of that report's suggestions have been implemented, whether due to those suggestions or not. For example, Kimball now has an emergency food program, and WARC will soon be licensed for twelve residents instead of eight. The FEIS concluded that although some services need to be developed in the area to meet the needs of the projected population baseline, MX immigration will have only a negligible effect on human services. For the most part, this report agrees with that assessment. However, there are particular service types that this study has found should be targeted for specific recommendations such as monitoring. After a discussion of this targeting, suggestions will be offered that might help the entire network in general, in addition to the specific case of monitoring and reacting to MX deployment.

Low-Impact Service Types

It would not be fair to say that there is absolutely no concern about MX immigration affecting the following service types: Aging, Children/Youth, Community, Family, Mental Retardation, Veterans, Volunteers, and Women. (The agencies included in the "Women" category will be discussed within their other agency types.) However, at this time, there is no reason to believe that these types will experience unusual increases in demand due to construction. Neither this study nor the one done for the FEIS foresees any difficulty for these agencies in

dealing with normal and MX related population increases. The agencies themselves did not predict that construction would affect them more than mildly. The exceptions are those agencies also dealing with Low Income Assistance like Head Start and the Neighborhood Family Service Center.

In the survey question soliciting ideas for handling any increases due to construction (#12), most of the agencies in these types said that in maintaining current programs they could accomodate any increase. Head Start said that they are currently experiencing increased demand and would continue to provide what they could. Learning Tree Day Care Center said that they could expand if permission were granted by the owners of their building. The Neighborhood Family Service Center will be discussed in the Targeted Service Types section. The Scotts Bluff County Health Department thought that they should strengthen their communicable disease detection program and would expect increased use of their maternal care and family physician referral program. The Health Department did not anticipate having any problems meeting those needs. The Panhandle Day Care Center, Learning Tree Day Care Center, and Park Terrace's inability to accommodate more people should be noted, but it seems unlikely they will become cause for concern due to the MX. It should be noted that funding cuts to any of these agencies in the next six years might render them unable to maintain their levels of service and ability to handle increases due to MX deployment.

Although these service types are not considered targeted ones, they will be able to become a part of the monitoring system at their request. If any begin to have doubts contrary to the confidence indicated on their responses to the questionnaire, it will be up to them to maintain the kind of record keeping that will be discussed in the monitoring section.

High-Impact, Targeted Service Types

The remaining service types (Alcohol and Drug Abuse, Mental Health, Low Income Assistance, and Violence) are considered targeted for two reasons. The first is because agencies within these types indicated less current stability than those in the previous categories. The second is because there is an apparent match between the nature of their services and the nature of services likely to be needed most by the immigrant population.

Agencies with services for Alcohol and Drug Abuse, Mental Health, Low Income Assistance and Violence were more likely to report being strained at this point in time. Agencies in these types are less optimistic than the previous ones about their ability to serve more people; more seem to be at capacity under their current funding. Funding seems neither stable nor sufficient within these types. Facilities and staff are less likely to be capable of handling an increase in clients. Conversations with people in the three counties also indicated more concern about the stability of these agencies than that of the first group.

In thinking ahead to the likely nature of the immigrants, transients, and reaction of the community, agencies addressing certain needs are likely to experience demand greater than raw population projections would indicate. As indicated in the Beluga Coal Field Development: Social Effects and Management Alternatives study by Marvin Olsen and associates, new groups moving into an area provide the possibility for social conflict and with the potential for social conflict comes a potential for social deviancy such as vandalism, larceny, alcoholism and drug abuse. Intergroup conflict such as this can also affect employment, job productivity, learning in the classroom, and can disrupt a community's total way of life. It is, therefore, reasonable to believe that workers

coming into an area for a short period of time are more likely to abuse drugs and alcohol, be violent, and be in need of mental health services. The event of immigration is likely to put stress on members of the community as well, thus increasing the overall demand for agencies of those types. If the number of transients or people looking for jobs without success is higher than anticipated, the burden will fall on the agencies providing low income assistance.

In addition to the Beluga Coal Field study, the survey responses show that agencies of these types predict more of an effect on their agencies than the low-impact agencies do. They were more likely to believe there would be greater than "mild" affects on their agencies than the low-impact agencies were. They essentially target themselves. The agencies within these targeted service types should be examined in more detail for specific recommendations because agencies in these types are already straining to meet demand and both previous experience in the form of the Beluga Coal Field study and the agencies themselves support the idea that these types are more likely to experience demand greater than the expected percentage change in population.

Alcohol and Drug Abuse

The three major agencies for Alcohol and Drug Abuse are: Women's Alcohol Resource Council (WARC), Homestead Halfway House, and the Chemical Dependency Unit (CDU). All three of these said their funding was not sufficient. Only one of the three went on to say that existing staff could not handle an increase in clients. The confidence in these agency type's ability to manage increases in demand is high. However, the majority thought MX construction activities would have more than a "mild" effect. One said MX impact would be "mild", three said "moderate"

and one said the impact would be "great." All the chapters of Alcoholics Anonymous (AA) spoken with (but not included in the survey) felt there would definitely be a rise in the number of people using Alcoholism and Drug Abuse services. The AAs felt they could accomodate these increases, but had some concern about the entire system's ability to do so at its current level.

Out of the three major agencies for Alcohol and Drug Abuse, WARC was the only one with a suggestion for a recommendation. The director thought they should create an outpatient program. Outpatients are currently served only on an individual basis. The FEIS suggested that with an expansion of WARC's bed capacity from 8 to 9, they could absorb any impacts. WARC is now expanding to allow service to 12 women at once, but might well fill to capacity soon, judging from their inquiry rate as listed on the table below.

TABLE 7: WOMEN'S ALCOHOL RESOURCE COUNCIL

Month	Percent of Occupancy	Number of Clients	Inquiries	Admissions
July, 1983	79.8	6.4	4	1
August, 1983	94.3	7.5	1	2
September, 1983	92.9	7.4	1	2
October, 1983	100.0	8.0	6	0
November, 1983	89.5	7.2	5	1
December, 1983	93.5	7.5	7	1
January, 1984	89.9	7.2	5	2
February, 1984	58.0	4.6	3	0
March, 1984	90.0	7.2	7	5
April, 1984	95.8	7.7	3	3
May, 1984	52.8	4.2	4	0

*Source: Women's Alcohol Resource Council chart.

There is reason to believe that with certain precautions these Alcohol and Drug Abuse agencies could handle any increase in demand. However, there is one major gap in service. Although all of them (the Gering AA being the exception) serve people from all three counties, both

Banner and Kimball County residents have to travel all the way to Scotts Bluff for services. There are no Alcohol and Drug Abuse services in Kimball. The Kimball AA serves 30 people and believes it can handle as many as want to join. But the Kimball AA contact and others in Kimball showed real concern about the non-existence of counseling available in the County, especially with the added population. The Panhandle Mental Health Center at one time had an office in Kimball with a counselor for Alcohol and Drug Abuse. PMHC reports that this program was cut due to a lack of interest in Kimball. Kimball residents and a few people in Scottsbluff thought the program was curtailed due to a lack of funds. The PMHC has indicated that during MX deployment some kind of the same Alcohol and Drug Abuse program should be run again in Kimball.

For Alcohol and Drug Abuse agencies, there are two recommendations suggested by the agencies themselves or by the Air Force in their Final Environmental Impact Statement that would satisfactorily prepare Banner, Kimball, and Scotts Bluff Counties for increased demands due directly to MX construction.

1. \$10,000 to the Women's Alcohol Resource Council for one more staff person to establish an outpatient program including evaluation, referral, counseling, and after care followup. Although the Homestead Halfway House indicated no such need, they too might need to establish such a program. Perhaps one half the recommended sum could go to each for the same purpose.
2. An as yet unknown sum to establish the same kind of Alcohol and Drug Abuse counseling program previously in Kimball. Because there already reportedly exists a great need for this program, it should be begun locally. Additional funding due to MX immigration would also be needed.

Low Income Assistance

When there is construction in an area, word travels fast and people may move on mere rumor of the chance of getting jobs. Air Force projections take this into account, but this is one of the larger

variables in the situation. No matter how many mechanisms are used to discourage people from coming to the area, some still may come. The Low Income Assistance agencies are the ones who would have to handle this kind of influx.

All of the agencies under "Low Income Assistance" (except Park Terrace) might experience increased use due to the MX. The major agencies in this category are: the Neighborhood Family Service Center, the Departments of Social Services, Panhandle Community Services (PCS), and Western Nebraska Legal Services. The PCS program most likely to be affected is their emergency aid to transients. This program works in cooperation with Valley Christian Neighbors in Need and with Cooperative Ministries. The Neighborhood Family Service Center feels the effect will be on its health care to the underserved. The Departments of Social Services is operated with State and Federal funds so it is hoped that funding would keep up with demand.

The three major agencies in this category, excluding the Departments of Social Services, reported that funding was neither sufficient nor stable. Western Nebraska Legal Services says it is not currently capable of any expansion of services. The Neighborhood Family Service Center could not manage an increase without additional staff. Valley Christian Neighbors in Need is currently operating from the basement of a priest's house and would need a larger space to increase their services. All of the Low Income Assistance agencies thought that the MX impact would be more than "mild". Three said "moderate," one said "great," and the Neighborhood Family Service Center thought the impact would be "severe."

Four recommendations were made by agencies of this type. Western Nebraska Legal Services suggested they increase their circuit riding to Kimball. The Neighborhood Family Service Center thought its health care

and education program should be expanded and the perscription fund increased. The PCS, Valley Christian Neighbors in Need, and both Cooperative Ministries felt that their emergency network should be increased in order to handle demand due to MX construction. They all felt The Panhandle Community Services should organize and manage the paperwork and extra dispersal of funds. The churches will provide the volunteers and expanded operation.

An influx of jobless transients is the main concern with Low Income Assistance. Therefore the provision of emergency food, shelter and transportation is the priority for recommendation. However, the next likely candidate for impact is health care to the underserved. The legal services recommendation is included here, but does not qualify as one of the two most basic and likely needs.

1. Panhandle Community Services - Currently \$60/family is spent in their migrant program per summer for emergency food, shelter, and transportation assistance. This program could easily be expanded with appropriate funds to include support for people in the area due to MX construction. The majority of these funds would be transfered to the church organizations operating the emergency food pantries in Scottsbluff and Kimball. Another possibility would be to use government surplus foods, but this incurs warehouse costs and management is more cumbersome. This program should be operated as the current one is, through the Valley Christian Neighbors in Need.

2. Neighborhood Family Service Center - Health services for the underserved should be increased. \$2,000 - \$3,000 a year would allow them to increase the majority of their services including a perscription assistance fund, medical supplies, and perhaps supplementary staff.

3. Western Nebraska Legal Services - \$10,000 a year for someone to travel once a week to represent people in court in Kimball. Their current circuit riding program is strapped and any population increase is expected to increase demand for their services.

Mental Health

The provider of Mental Health Care services for the entire Panahandle is the Panhandle Mental Health Center (PMHC). They are currently

suffering from federal budget cuts, have run out of their cash reserve, and operate with a 3-4 week waiting list. Their funding is neither stable nor sufficient. There is a system for handling emergency cases, but since the basic demands are not met, an expansion of services is obviously not possible. MX impact was indicated as "moderate." If the expected increase in demand were directly proportional to the increase in population due to the MX, PMHC would feel the change because it is already operating at maximum capacity under current funding. Because it is likely the increase in demand will be a greater increase than the population change itself, PMHC requires attention.

The Panhandle Mental Health Center has one suggestion for managing increases due to the MX: increase outpatient services to Kimball. It will be difficult to determine how much increased use will be due to the MX. The use of expanded hours in Kimball might increase just because the service is available there and needed. However, it is proper that more hours be devoted to Kimball due to an expected increase in demand due directly to the MX. PMHC cannot possibly absorb those extra hours.

Panhandle Mental Health Clinic - Once a week outpatient service to Kimball will continue. Service to Kimball may need to be increased to twice a week at a cost of \$400/eight hour period. Staff in Scottsbluff may need to be increased to cover the person traveling to Kimball. This is in addition to the resumption of the alcohol counselor program in Kimball.

Violence

Violence against one's spouse or children is often due to an inability to handle stress. Moving to a new place for a temporary job creates that kind of stress and it therefore seems likely that the amount of violence, especially against women and children will be higher among immigrants. This type of violence might increase within the existing community due to unanticipated stress related to the MX construction activities.

Domestic Violence Task Force's (DOVE) funding is neither stable nor sufficient. Their shelter has only three bedrooms with room for only a total of three adults and a few children. In the past they employed five people. Now they employ one person fulltime and two persons part-time due to budget cuts. If funds were available, one present staff member could increase hours. They are experiencing difficulty finding enough volunteer hours. In such work volunteers must be devoted. The burnout stage has been reached with many of their long time volunteers. DOVE indicated that MX impact would be "severe." Extra people are currently housed in motel rooms, an unsatisfactory alternative. If many motel rooms are taken due to MX commuters or transients, this problem may escalate. DOVE's mitigation suggestion was to increase funding enough to be able to expand all services. They are also currently working to establish a men's self help group.

Domestic Violence Task Force - All services should be expanded.
\$5,000 - \$10,000 would allow them one more part time staff person to do so.

Recommendations for the System as a Whole

There may be other mitigation suggestions that are legitimate in preparing for impact of construction for MX deployment. However, those just discussed are the most basic, important and necessary. Therefore, they alone serve as the recommendations for targeted agencies. There are five other proposals that would protect the system as a whole, allow it to function smoothly, and maintain the baseline quality and availability of services to Banner, Kimball, and Scotts Bluff Counties. Those five proposals will now be discussed in turn.

1. Agency Representatives Meetings - Organized by the Panhandle Resource Council to include all human service providers within its 11 county region. This group would meet monthly or as needed but would meet to react to MX related problems at least four times a year.

The Panhandle Resource Council has recognized the need for such a forum generally. These meetings would benefit the networking within the PRC's district. MX related concerns would be incorporated into this program on a quarterly basis or more often if the need arose.

2. Resource Person - Someone in the immediate area on a part-time basis to:

- act as a contact for any agencies with concerns.
- coordinate monitoring with agencies and the Policy Research Office.
- be a liaison with Wyoming for monitoring to make sure Nebraska's interests are represented.
- facilitate Agency Representatives Meetings .
- review applications for the Resource Fund.

There needs to be a contact in Western Nebraska who is aware of possible impacts and what can be done about them. This person should be a local person who is familiar with the workings of the human services network. The logical agency for the Resource Person to work through would be the Panhandle Resource Council as it is a centralized agency. In order for the Resource Person to coordinate the monitoring of agencies, the agencies themselves must implement record-keeping systems of their own. Without accurate documentation, agencies will not be able to apply for temporary assistance during the construction period. Nebraska must be represented in Wyoming meetings during construction to become aware of problems that may affect Nebraska.

3. Resource Fund - \$75,000. This fund would be used for mitigation by human services agencies in the area through an application process demonstrating need. This fund would allow flexibility and be responsive to monitoring results. The amount suggested includes the individual agency recommendations listed earlier.

This tool will be crucial in making sure none of the human services are adversely affected. Appendix E contains a copy of the referral form

currently used by the Panhandle Resources Council. This form would be the tool through which record keeping could be coordinated and funds could be applied for. Use of the referral form needs to be enforced and expanded. Many of the smaller agencies do not take advantage of this record keeping device. In order for future analysis of the impact MX construction has on the area, these records will be essential. Agencies that have indicated MX construction may have a greater than "mild" impact on their ability to deliver services suggested they would need an increase in staff funds or program funds to maintain their level of delivery.

4. Human Resources Directory - A list of agencies with a small description of the services provided by each would be distributed to all workers entering the area and made available to all agencies and residents.

An influx of people into an area is likely to unsettle residents. People moving into an area are often unfamiliar with the services an area has to offer. Therefore, if people know where to get help, then they may be more likely to do so before the problem is aggravated.

5. Project Summary - A summary of MX deployment activities including immigration predictions for Nebraska, the monitoring systems being implemented and other pertinent information would be distributed through various public institutions.

This would allow people to find out the basic facts on the project easily, thereby alleviating confusions or misconceptions. All targeted agencies should keep records of the number of clients served and whether or not clients are using their services due to construction. These records would be collected and results from this record keeping may be reacted to in the Agency Representatives Meetings.

A monitoring system needs to be set up to protect the human service system used by residents of Banner, Kimball, and Scotts Bluff Counties. A certain set of agencies, logically those that are larger and in areas more likely to be affected, need to keep records. All the targeted agencies need to keep track of how many people use their services and which of them are there due to MX construction. Numbers from these records need to be collected by a central resource person in the area quarterly and then entered into the computer monitoring system set up in Wyoming. These numbers will help agencies see what changes in demand are occurring as they occur. If the agencies and project directors are aware of the changes occurring, they can work together to react appropriately. If these numbers were processed in any way in Nebraska, they would help agencies react to any changes in population and demand, whether due to the MX, or something else.

Construction will begin in Wyoming before in Nebraska, so if any agencies not predicted to be affected are, Nebraska will be alerted and monitoring of agencies of the same kind can begin beforehand. As mentioned before, if an agency feels it should be monitored and is not listed on the following page, it is the responsibility of that agency to keep records as will be described shortly.

TABLE 8: AGENCIES TARGETED FOR MONITORING

Chemical Dependency Unit, West Nebraska General Hospital, Scottsbluff
Panhandle Community Services, Scottsbluff
Nebraska Department of Social Services, Panhandle District Office,
Gering
Western Nebraska Legal Services Inc., Scottsbluff
Panhandle Mental Health Center, Scottsbluff
Domestic Violence Task Force, Scottsbluff

Certain agency types, and agencies within those types were targeted in the recommendation section. Those targeted agencies should all be included in the monitoring system. Many of them already keep records of their clients and only need to reform them so that there is a space for "MX-related client ____."

It would benefit the human services system as a whole to keep records on the number and sort of clients served per time period. Small and large agencies alike would benefit from the planning records allow. Most importantly for this study, any changes in service demand due directly to MX construction can be tracked from these records.

There were two forms collected here that might be used as models (see Appendix E). The Panhandle Resource Council provides the Scotts Bluff County Inter-Intra Agency Referral form so that agencies in Scotts Bluff County can keep track of a client who is referred to another agency. This makes it less likely that anyone will slip through any cracks in the system. To benefit the human services network in the three counties, or perhaps Panhandle-wide, this form could be used. It might be collapsed to half size and combined with portions of the second form which is used by Panhandle Community Services.

Some kind of tracking form, if only index cards, is used by the two Cooperative Ministries affiliated food pantries to avoid duplication of services. This is applauded and use of some standardized form is encouraged. All of the agencies to be monitored should start leaving a space for indicating whether or not the client is using their services because of MX construction. "Because of MX construction" may be a value-laden term. If agencies prefer, they might make two spaces. One would be for those in the area because they are working on construction or because they have heard work was available. The other would be for

local residents there using services due to construction activities. Further plans for implementing this monitoring system will be developed, but agencies in the area should be aware of this recommendation.

Conclusion

This study has found that human services available to residents of Banner, Kimball, and Scotts Bluff Counties in Nebraska are generally of very good quality. Excepting the lack of an alcohol and drug abuse counseling program in Kimball, there were no complaints about availability of any services. The amount of communication within the network is greater than expected, but it could become even better through the reinstitution of the inter-agency meetings through the PRC and through increased use of referral and basic record keeping forms.

There are certain agencies and agency types which seem more likely than others to be affected by construction. Some agencies are specifically targeted for mitigation, and at least one, if not all, of the larger agencies within each targeted type will be included in the monitoring system. The monitoring system and overall mitigation suggestions (such as the Resource Fund), should allow the human services system used by residents of Banner, Kimball, and Scotts Bluff Counties to be flexible and anticipate any changes in demand before they occur.

Summary of Total Recommendations

The five recommendations listed below have been suggested as proposals that would protect the system as a whole. These proposals would allow the system to function smoothly and to maintain the baseline quality and availability of services to Banner, Kimball and Scotts Bluff Counties.

1. Agency Representatives Meetings - Organized by the Panhandle Resource Council to include all human service providers within its 11 county region. This group would meet monthly or as needed but would meet to react to MX related problems at least four times a year.

The Panhandle Resource Council has recognized the need for such a forum generally. These meetings would benefit the networking within the PRC's district. MX related concerns would be incorporated into this program on a quarterly basis or more often if the need arose.

2. Resource Person - Someone in the immediate area on a part-time basis to:

- act as a contact for any agencies with concerns.
- coordinate monitoring with agencies and the Policy Research Office.
- be a liaison with Wyoming for monitoring to make sure Nebraska's interests are represented.
- facilitate Agency Representatives Meetings .
- review applications for the Resource Fund.

There needs to be a contact in Western Nebraska who is aware of possible impacts and what can be done about them. Nebraska must be represented in Wyoming meetings during construction to become aware of problems that may affect Nebraska.

3. Resource Fund - \$75,000. This fund would be used for mitigation by human services agencies in the area through an application process demonstrating need. This fund would allow flexibility and be responsive to monitoring results.

This tool will be crucial in making sure none of the human services are adversely affected. Appendix E, at the end of this report contains a copy of the referral form currently used by the Panhandle Resources Council. This form would be the tool through which record keeping could be coordinated and funds could be applied for. Use of the referral form needs to be enforced and expanded. Many of the smaller agencies do not take advantage of this record keeping device. In order for future analysis of the impact MX construction has on the area, these records will be essential.

Agencies that have indicated MX construction may have a greater than "mild" impact on their ability to deliver services have been identified as "targeted" agencies. They suggested they would need an increase in staff funds or program funds to maintain their level of service delivery. A break down of specific requests are as follows:

TABLE 9: TARGETED AGENCY RECOMMENDATIONS

<u>Agency</u>	<u>Staff \$\$</u>	<u>Program \$\$</u>
Women's Alcohol Resource Council	\$10,000 - person to establish outpatient program.	
Neighborhood Family Service Center		\$3000 - increase health services
Western Nebraska Legal Services	\$10,000 - person to represent people in court in Kimball	
Panhandle Mental Health Clinic	\$400/wk = \$20,000 yr. increase outpatient service to Kimball	
Domestic Violence Task Force	\$7500 - part time person to expand all services	

*Source: Survey response forms, Human Services study, 1984.

Through interviews and response to the questionnaires other agencies have predicted additional funding needs due to MX related activities.

However, their exact requirements can not yet be determined. Taking all of the above into account it is recommended that the amount of money in the Resource Fund be \$75,000. This amount includes the above projections as well as some additional funds to meet as yet unspecified demands.

Requests for Resource Fund use will be contingent upon an application justifying MX generated impacts documented by specific agencies' records. The current status of this fund is uncertain.

4. Human Resources Directory - A list of agencies with a small description of the services provided by each would be distributed

to all workers entering the area and made available to all agencies and residents.

An influx of people into an area is likely to unsettle residents. People moving into an area are often unfamiliar with the services an area has to offer. Therefore, if people know where to get help, then they may be more likely to do so before the problem is aggravated.

5. Project Summary - A summary of MX deployment activities including immigration predictions for Nebraska, the monitoring systems being implemented and other pertinent information would be distributed through various public institutions.

This would allow people to find out the basic facts on the project easily, thereby alleviating confusions or misconceptions.

All targeted agencies should keep records of the number of clients served and whether or not clients are using their services due to construction. These records would be collected quarterly. Results from this record keeping may be reacted to in the Agency Representatives Meetings.

All targeted agencies should keep records of the number of clients served and whether or not clients are using their services due to construction activities. These records will be collected quarterly, perhaps through a resource person, and processed by the Wyoming computer monitoring system. Results from this record keeping may be reacted to in the Agency Representative Meetings. There, agencies will be able to help one another react to changes. When it is clear anticipated or unanticipated or dramatic changes are occurring, applications should be made to the resource fund.

HUMAN SERVICES STUDY

APPENDIX A

ANNUAL IMMIGRATION TOTALS, INCLUDING PROJECT WORKERS
AND TRANSIENTS

1984 1985 1986 1987 1988 1989 1990 & On

Immigrant Total	0	0	0	0	75	300	0	0
Gering-Scottsbluff	0	0	100	100	350	252	0	0

LOCATION OF AVERAGE ANNUAL WEEKLY COMMUTERS

Year	1984	1985	1986	1987	1988	1989
Kimball	0	0	0	75	(a)	0
Gering-Scottsbluff	0	(a)	(a)	0	0	0

^a Estimated to be less than 10 persons

Agency Name _____
Address _____
Phone _____
Contact Person _____

1. What services do you provide? If you have a current publication detailing your services, please send it to us. If the publication is not comprehensive, feel free to send it to us and describe only the missing services below. So we may better understand the relationships between agencies in your area, if another agency oversees some functions of your agency's organization, please list its name and address.

2. How many people use your agency? _____

3. Circle the categories below that best reflect the people who use your services.

Children Young Adults Adults Elderly

4. How many of your agency's clients are residents of

Harrisburg _____ Kimball _____ Mitchell _____ Other _____ # _____
Scottsbluff-Gering _____ Sidney _____ Other _____ # _____

Do you also serve migrants or transients? _____ If so, how many? _____

5. What percentage of your funding comes from

Local Government _____ State Government _____ Federal Government _____
Gifts _____ Other (describe) _____

Is this funding stable?

Is this funding sufficient?

6. How many people work for your agency? _____

Of these, how many are

Paid: 35+ hrs/week _____ part-time _____
Volunteer hours per week _____

7. Are your current facilities adequate for managing additional clients?

8. Can your existing staff handle more clients? Could part-time people extend hours, more volunteers be used, or programs be enlarged? Explain.

kbll
(over)

9. Circle the means your agency uses to publicize its services.

Radio	Newspaper	Posters/Billboards	Word of Mouth
TV	Phonebook	Handouts/Pamphlets	Other _____

10. We are not sure we have a complete list of human services agencies. Would you please list the name and address of any small agencies in your area possibly overlooked?

11. Given Air Force immigration predictions, circle the degree of impact you think MX missile construction activities will have on your services.

Severe Great Moderate Mild None

12. Do you have any ideas as to how your agency might deal with the expected influx of people during the construction of the MX? Are there areas you might need to strengthen, or programs you would want to create?

13. Would a hotline during the construction of the MX for information about Air Force construction activities be useful?

14. Would a directory of the human services available to Banner, Kimball and Scotts Bluff Counties be a helpful device for your agency?

15. Other comments?

Please return to:

Attn: Kim Brookes

Policy Research Office

1321 State Capitol Building

Lincoln, Nebraska 68509

Questions may be directed to me at (402) 471-2414

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HUMAN SERVICES STUDY

APPENDIX B

ALPHABETICAL LIST OF HUMAN SERVICES AGENCIES

<u>Agency Name and Contact</u>	<u>Address and Service Type</u>
Alcohol & Drug Abuse Prevention Team (ADAPT) Medra Lopez	Box 24 Gering Alcohol/Drugs
Aging Office of Western Nebraska* Michael Scozzafava	4502 Av I Scottsbluff Aging
Chemical Dependency Unit* Chuck Stump	WNGH Av B-South Unit Scottsbluff Alcohol
Child Saving Institute*	25 Crestview Rd. Gering Family/Women
Colson Manor Nutrition Site	Minatare Aging/Low Income Assistance
Community Action Agency	509 W 5th Box 35 Kimball Community/Low Income Assistance
Compassionate Friends Lorna Evelyn	716 Maple Kimball Family
Cooperative Ministries Rev. Melvin Ireland	2002 4th Av Scottsbluff Low Income Assistance
County Veterans Service* Service Officer	214 South Walnut Kimball Veterans
Domestic Violence Task Force (DOVE)* Cheryl Dankers	P.O. Box 434 Scottsbluff Violence/Women
Educational Service Unit #13 Creda Thompson	4215 Av I Scotts Bluff Children/Youth
Educational Service Unit #14 Bill Kelly	Sidney Children/Youth
Foster Grandparents* June Beeman	4502 Av I Scottsbluff Aging/Children
Friends Inc.* Marg Dredla	733 Rosedale Dr. Scottsbluff Volunteer/Children
Friendship Senior Center	108 S. Oak Kimball Aging
Gering AA Group* Phyllis Mandan-Sec/Treas	1428 10th PO Box 102 Gering Alcohol
Gering Multi-Purpose Senior Center	2005 Depot Gering Aging

Guadalupe Recreation Center	1200 9th Av Scottsbluff Aging/Community
Hunts Acre Recreation Center	Av X and 18th St. Scottsbluff Community
Head Start Center	509 W 5th Kimball Children/Youth
Head Start Center	323 Jeffers Ave Lyman Children/Youth
Head Start Center	1426 13th Mitchell Children/Youth
Head Start Central Office* Joanne Begley	4502 Av I P.O. Box 1469 Scottsbluff Children/Youth
Head Start-Gering Center	2005 4th Gering Children/Youth
Homestead Halfway House* LeRoy Starkell	1624 Av A Scottsbluff Alcohol
Jaycee Senior Citizen Club	213 W 26th Scottsbluff Aging
Kimball AA Group Mike O'Hare	235-2401
Kimball County Manor	810 E 7th Kimball Aging
Learning Tree Day Care Center* Linda Roberts	509 W 5th Kimball Children/Youth
Lyman Senior Citizens Center	Lyman Aging
Mental Health Services* Bill Plank	1023 8 Av. Sidney Mental Health
Mental Retardation Admin Area II-Region I* Tedd Helberg	Box 170 Scottsbluff Mental Retardation
Mental Retardation Admin Area III-Region I* Ramona Proctor	2240 Jackson St. Box 133 Sidney Mental Retardation
Mitchell Cafe	1344 Center Av Mitchell Aging
Mitchell Senior Citizens	125 & Center Av Mitchell Aging

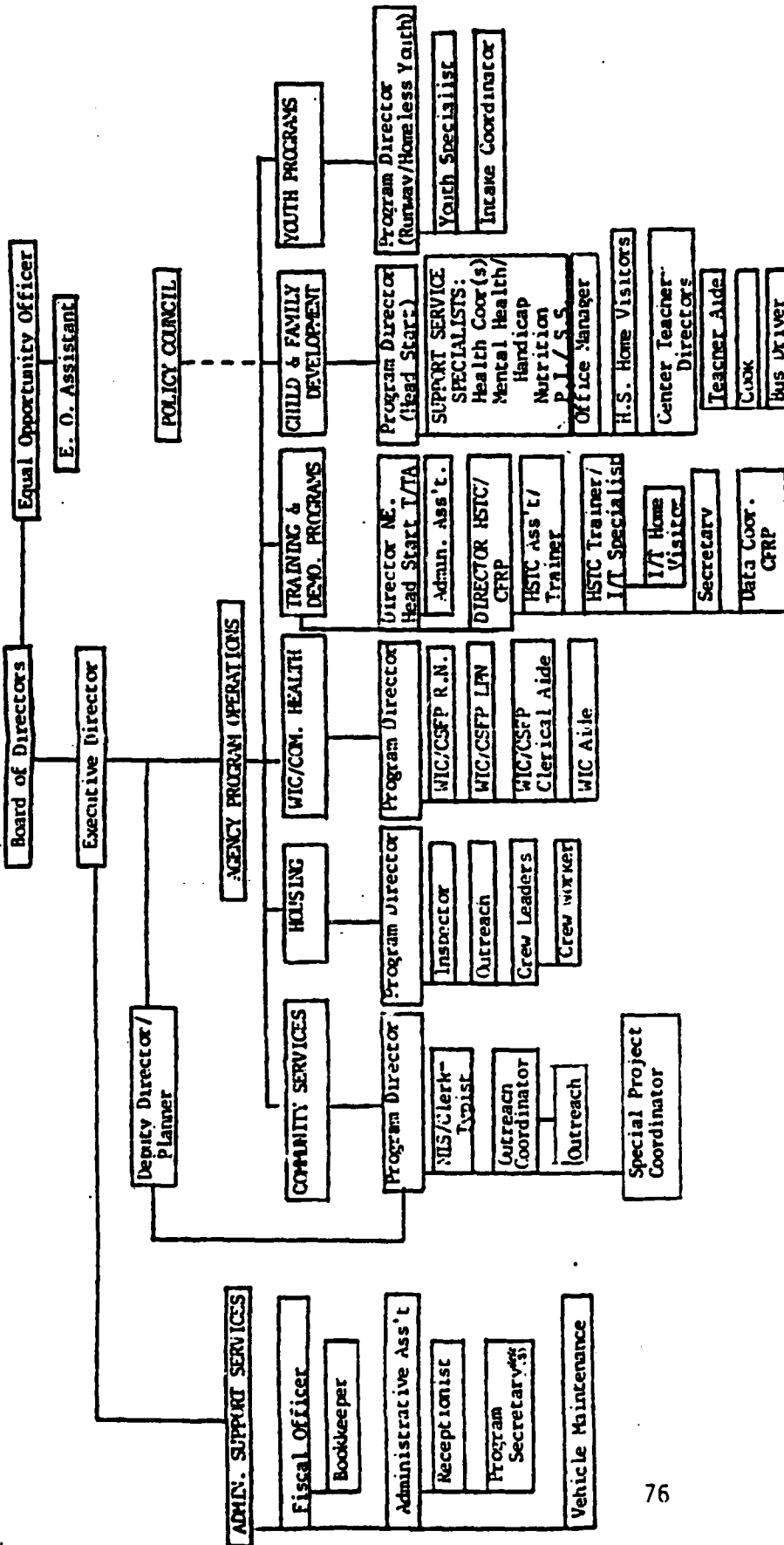
Morrill Manor & Nutrition Site	Morrill Manor Morrill Aging
Native American Women and Youth Alcohol Service Program- Flying Eagle Council* Wayne Flood	4110 Av D Scottsbluff Alcohol
Nebraska Department of Social Services* Glenda Bang	1030 N Gering Variety
Nebraska Department of Social Services* Dianna Bokelman	214 S. Walnut Kimball Low Income Assistance
Nebraska Department of Social Services* Dianna Bokelman	P.O. Box 357 Courthouse Sidney Low Income Assistance
Neighborhood Family Service Center* Patricia Ramsey	1202 11th Av Scottsbluff Community/Low Income Assistance
New Hope Les Leuthaeuser	Alcohol/Drugs
Panhandle Community Services (PCS)* Nadine Sieb/Joan Cromer	4502 Av I Scottsbluff Community/Low Income Assistance
Panhandle Day Care Center Inc.* Dianne Hathson	1208 Av L Scottsbluff Children
Panhandle Mental Health Center (PMHC)* Sharon Wohlers	4110 Av D Scottsbluff Mental Health
Panhandle Resource Council MaryLou Straue	4502 Av I Scottsbluff
Park Terrace* Peggy Hull	1401 E 4th Kimball Aging/Low Income Assistance
PRIDE* James Young	11 Starr Rt. Kimball Family
Reorganized Church of Jesus Christ of Latter Day Saints	1623 4th Av Scottsbluff Aging
Scotts Bluff Alcoholics Anonymous Ed Hoffman	Alcohol
Scotts Bluff County Health Dept.* Jerry Taylor	County Courthouse Gering Community
Scotts Bluff County Volunteer Bureau* Evelyn Pinneker	4502 Av I Scottsbluff Volunteers

Scottsbluff Family Planning Project* Floyce A. Cunningham	610 W. 27th Scottsbluff Family/Women
Scottsbluff Villa	111 W 36th Aging
Senior Citizen Center	245 Matlock Av Chappell Aging
Senior Citizens Club	1115 12th Av Scottsbluff Aging
Sidney Day Care Center, Inc. Karen Gentry	1023 8th Av Scottsbluff hildren
United Way* Joyce Hillman	1721 Broadway Scottsbluff Community
Valley Christian Neighbors in Need* Polly Roland	2314 3rd Av Scottsbluff 632-2541
Veterans Service Center*	Courthouse Gering Veterans
Western Nebraska Legal Services Inc.* Kevin Ruser	9 E 15th Scottsbluff Legal
Western Nebraska Nursing Home	1508 22nd Av Mitchell Aging
Women's Alcohol Resource Council Inc.* Connie Lungrin	513 W 24th Scottsbluff Women/Alcohol
YMCA* Gordon Schauf	P.O. Box 251 Scottsbluff Community

HUMAN SERVICES STUDY

APPENDIX C

PANHANDLE COMMUNITY SERVICES



**Coordinator of Secretarial Support Activities including training, informing, & shared communications

HUMAN SERVICES STUDY

APPENDIX D

HUMAN SERVICES AGENCIES DIRECTORY

Agency Name, Address and Services

AGING

Aging Office of Western Nebraska*

Uses State and Federal funds for the nutrition programs at the various sites. Contracts the transportation services with different kinds of State and Federal funds. The transportation, however, organized on a center to center basis. Other functions of the various Senior Centers may or may not be supported by the Aging Office.

Foster Grandparents*

80% comes from a Federal program, the remaining 20% is from a soft community match.

Park Terrace*

Funding information is sketchy because residents get help funds through two different federal programs.

ALCOHOL AND DRUG ABUSE

Chemical Dependency Unit*

The average cost per patient is \$5,000 for an average stay of 10 days. The total budget is \$700,000 a year, counting both direct and indirect costs. The grant being applied for would allow for indigent care. Currently these patients have to be referred to the State program in Hastings.

Homestead Halfway House*

The Homestead receives state funds from the Department of Public Institutions through the PHMC. There is a county tax match as well.

Native American Women and Youth Alcohol Service Program Flying Eagle Council*

The Council receives State alcoholism funds through PHMC.

Women's Alcohol Resource Council Inc.*

90% of their budget comes from the Nebraska Department of Public Institutions through a Federal program. This funding probably travels through the PHMC. The total budget is approximately \$110,000 a year, as estimated by the director.

CHILDREN AND YOUTH

Foster Grandparents*

80% of their funding comes from a federal program, the remaining 20% is through a soft community match.

Head Start Central Office*

There are three kinds of Head Start programs all run through the Central Office which is within Panhandle Community Services.

\$370,970 Head Start

\$11,000 - Training and Technical Assistance (soon to be done on an individual center basis)

\$85,000 HSTC/PA20 or Homebase program (4 state program)

COMMUNITY

Neighborhood Family Service*

The budget proposal for 1984-85 is:

\$35,000 Oct-June from the Nebraska Division on Alcoholism for the
Guadalupe Neighborhood Alcoholism and Drug Abuse program

\$17,000 Oct-Sept from the Nebraska Dept. of Health for RISK which
is actually a federal program.

\$3,000 from the United Way for the Health Care to the Underserved
program. \$1970 for the coordinator 4 hrs/week and fringes.

\$500 to help pay for facilities \$530 for supplies. The

Methodist churches in Scottsbluff and Gering occasionally hold
offerings for the perscription fund which runs about

\$200/month and is increasing.

\$59,000 - Total

Parishandle Community Services*

Budget proposal for 1985 from Assistant Director:

\$370,970 - Head Start

\$85,000 HS Training Center/P/20 (Home Base program)

\$36,482 - HS handicapped program

\$11,000 - Head Start Training and Technical Assistance

\$41,055 - Runaway and Homeless Youth (costs \$90,000)

\$160,000 Nebraska Department of Energy Weatherization

\$103,940 - Women Infant Children/Commodity Surplus Foods Program

\$2,000 Western Weatherization sliding scale weatherization on
crew's off hours

\$2,000 - Cooperative Ministries

\$812,257 -Total

United Way*

Supports 16 agencies, see the list following this section. United
Way's budget is about \$143,000 a year. 23.5% is used for
administrative work, the rest is given to the agencies on the list.

YNCA*

YNCA used to be supported by United Way but is now operated
independently through membership fees.

LOW INCOME ASSISTANCE

Cooperative Ministries*

Receive some of the RO funds of the walk they sponsor. Support
the Valley Christian Neighbors in Need's food pantry and clothing
bank. At times may contribute to PCS and at times PCS may route
emergency funds to them for transient or migrant care. All
funding other than those from PCS comes from church offerings.

Nebraska Department of Social Services*-Gering

Funded through a complicated mixture of Federal and State programs
depending on client needs and qualifications. May change from
month to month.

Nebraska Department of Social Services* Sidney

Funded through a complicated mixture of Federal and State programs
depending on client needs and qualifications. May change from
month to month. Does processing for Kimball Office.

Neighborhood Family Service*

The budget proposal for 1984-85 as reported by the director is:

\$35,000 Oct-June from the Nebraska Division on Alcoholism for the
Guadalupe Neighborhood Alcoholism and Drug Abuse program

\$17,000 Oct-Sept from the Nebraska Dept. of Health for RISK which
is actually a federal program.

\$3,000 from the United Way for the Health Care to the Underserved program. \$1570 for the coordinator 4 hrs/week and fringes \$500 to help pay for facilities; \$530 for supplies. The Methodist churches in Scottsbluff and Gering occasionally hold offerings for the perscription fund which runs about \$200/month and is increasing.

\$59,000 - Total

Panhandle Community Services*

Budget proposal for 1985 from Assistant Director:

\$370,970 - Head Start

\$85,000 - HS Training Center/PA20 (Home Base program)

\$36,482 - HS handicapped program

\$11,000 - Head Start Training and Technical Assistance

\$41,055 - Runaway and Homeless Youth (costs \$90,000)

\$100,000 - Nebraska Department of Energy Weatherization

\$103,940 - Women Infant Children/Commodity Surplus Foods Program

\$2,000 - Western Weatherization sliding scale weatherization on crew's off hours.

\$2,000 - Cooperative Ministries

\$812,257 - Total

Valley Christian Neighbors in Need*

Funded solely through church offerings. Supported by Cooperative Ministries. Occasional funds from PCS for transient or migrant services during peak times.

MENTAL HEALTH

Panhandle Mental Health Center*

Funding information is on the way. Their cash reserve has been used up in the last few years. Serves as the clearinghouse for Federal and State alcohol funds for the area, but does not manage them in any way. The Flying Eagle Council is located in PMHC, but operates independently.

VETERANS

County Veterans Service*

Federal and State funds are available through the Service, but the building and staff seem to be provided entirely through the County.

Veterans Service Center*

Federal and State funds are available through the Service, but the building and staff seem to be provided entirely through the County.

VIOLENCE

Domestic Violence Task Force*

Inadequate funding has forced DVE to reduce staff from five full time to one full time and three part time positions.

WOMEN

Domestic Violence Task Force*

Inadequate funding has forced them to reduce staff from five full time to one full time and three part time positions.

Women's Alcohol Resource Council Inc.*

90% of their budget comes from the Nebraska Department of Public Institutions through a Federal program. This funding probably travels through the PMHC. The total budget is approximately \$110,000 a year, as estimated by the director.

UNITED WAY AGENCIES
(for funding)

1. Alcohol and Drug Abuse Prevention Team
2. Boy Scouts
3. Campfire
4. Friends Inc.*
5. Girl Scouts
6. Guadalupe Recreation Center
7. Homestead Half Way House and Detox Program*
8. Huntsville Recreation Center
9. Neighborhood Family Service Center*
10. Panhandle Day Care Center (infant care)*
11. Red Cross
12. Scotts Bluff County Volunteer Bureau*
13. Summer baseball programs-one for Scottsbluff, one for Gering
14. Summer five week camp for physically or mentally handicapped youth
15. Women's Alcohol Resource Council*

*Sent and responded to questionnaire.

HUMAN SERVICES STUDY

APPENDIX E

808

NAME (LAST NAME FIRST)

NAME (LAST NAME)

NAME (LAST NAME FIRST)

NAME OF SPOUSE

SOCIAL SECURITY #

IN FAMILY

PHONE # _____

ADDRESS: STREET **CONTACT'S NAME**

CITY _____ **COUNTY** _____ **DATE** _____

((IF RURAL, GIVE DIRECTIONS))

[illegible]

SCOTTS BLUFF COUNTY INTER - INTRA AGENCY REFERRAL

(1) REFERRAL TO: _____ DATE: _____
ADDRESS: _____ PHONE: _____

CLIENT'S NAME: _____ S.S. #: _____
ADDRESS: _____ BIRTHDATE: _____

DIRECTIONS TO HOME: _____ TELEPHONE: _____

NAME OF PARENT(S): _____

REASONS FOR REFERRAL:

SPECIFIC SERVICES REQUESTED:

OTHER AGENCIES INVOLVED:

CLIENT INFORMED ABOUT THE REFERRAL _____ YES _____ NO.

AGENCY WILL CALL TO SCHEDULE APPOINTMENT _____; CLIENT WILL CALL TO SCHEDULE APPOINTMENT _____

REFERRAL FROM: _____ PHONE: _____
ADDRESS: _____

Referrals Signature Approved (Where Necessary) Date

(2) REPLY TO REFERRAL SOURCE:

Date

Signature

DISTRIBUTION:

- (1) ORIGINAL ACTION: Original and 1st copy sent. 2nd copy retained.
- (2) REPLY ACTION: Original copy returned. 2nd copy retained for files.

HUMAN SERVICES STUDY

APPENDIX F

HUMAN SERVICES AGENCIES DIRECTORY

<u>Agency Name, Address and Services</u>	<u>Contact and Phone</u>
AGING	
Aging Office of Western Nebraska*	
Acts as the coordinating agency for the nutrition programs, and does referral for transportation, handyman, and other services available at the sites listed below. The Aging Office does not manage any other activities at these sites although there are locally organized events. The senior centers are staffed mostly by volunteers.	
Colson Manor Nutrition Site	
Friendship Senior Center	
Gering Multi-Purpose Senior Center	
Guadalupe Recreation Center	
Jaycee Senior Citizen Club	
Lyman Senior Citizens Center	
Mitchell Cafe	
Morrill Nutrition Site	
Reorganized church of Jesus Christ of Latter Day Saints	
Colson Manor Nutrition Site	
Low income housing for elderly and disabled through the Scotts Bluff County Housing Authority.	
Foster Grandparents*	
Part-time jobs for low income elderly helping children.	
Kimball County Manor	
Nursing home.	
Mitchell Senior Citizens	
Run by local board. The Aging Office of Western Nebraska has no managerial influence over this center.	
Morrill Manor	
Low income housing for elderly and disabled through the Scotts Bluff County Housing Authority.	
Park Terrace*	
Low income housing for the elderly and disabled through the Kimball County Housing Authority.	
Scottsbluff Villa	
Nursing home.	
Senior Citizens Club	
Locally operated; open two days a week; for Hispanics. The Aging Office of Western Nebraska does not manage this center, nor is it a nutrition site.	
Western Nebraska Nursing Home	
ALCOHOL AND DRUG ABUSE	
Alcohol & Drug Abuse Prevention Team (ADAPT)	
ADAPT began under the sponsorship of the police department with volunteers. It is now a parents group which organizes alternative activities for youth and is sponsored by the United Way.	
Chemical Dependency Unit*	
The CDU is located in the General Hospital, but is self supporting through fees not other hospital funds. There is no State funding although they are currently working on a grant proposal for indigent care.	

Gering Alcoholics Anonymous Group*

They set up their own meetings using their own personal funds for support and activities for alcoholics, as all AAs do.

Homestead Halfway House*

The Homestead is supported by funding through many sources and directed by a board consisting of members of the community.

Kimball Alcoholics Anonymous Group

They set up their own meetings using their own personal funds for support and activities for alcoholics, as all AAs do.

Native American Women and Youth Alcohol Service Program

Flying Eagle Council*

The Council is located in the Panhandle Mental Health Clinic, but funded entirely through State alcoholism funds.

New Hope

They set up their own meetings using their own personal funds for support and activities, as all AAs do.

Scotts Bluff Alcoholics Anonymous

They set up their own meetings using their own personal funds for support and activities for alcoholics, as all AAs do.

Women's Alcohol Resource Council Inc.*

WARC is directed by a board consisting of people from the area.

CHILDREN AND YOUTH

Child Family Resource Program

Listings for this program may be found, but it has been terminated due to a discontinuation of its federal funds. CFRP was directed through the Panhandle Community Services.

Educational Service Unit #13*

ESUs operate throughout the State serving various county regions, by contract with each county. The number and kinds of programs available vary from ESU to ESU.

Education Service Unit #14*

ESUs operate throughout the State serving various county regions, by contract with each county. The number and kinds of programs available vary from ESU to ESU.

Foster Grandparents*

Part-time jobs for low income elderly helping children. Funded through a Federal program.

Friends Inc.*

Funded through United Way, but the program runs itself.

Head Start Central Office*

There are three kinds of Head Start programs: Headstart, Training and Technical Assistance, and the Head Start Training Center.

This is the central office for the State for the first two, and the central office for a region of four states for the last. The office is a part of Panhandle Community Services. See the sheet on Panhandle Community Service's programs for details. There are 4 Head Start Centers in the area.

Head Start Center-Kimball

Head Start Center-Lyman

Head Start Center-Mitchell

Head Start-Gering Center

Learning Tree Day Care Center*

Independent Day Care Center.

New Hope

They set up their own meetings using their own personal funds for support and activities for alcoholics, as all AAs do.

Panhandle Day Care Center Inc.*

Independent Day Care Center. Some United Way funds for infant care.

COMMUNITY

Guadalupe Recreation Center

Supported but not directed by United Way.

Hunts Acre Recreation Center

Supported but not directed by United Way.

Neighborhood Family Service*

Runs different programs, each having its own guidelines according to the funding source. The director writes grant proposals to get new programs.

Panhandle Community Services*

Serves as the organizing agency for the Community Action Agencies in the Panhandle through which all of their services are available. See the diagram of Panhandle Community Service's programs following this directory.

Community Action Agency-Kimball

Scotts Bluff County Health Dept.*

Run through the county.

United Way*

Supports 16 agencies, see list following this directory (P. ____). United Way's board monitors its agencies to make sure they are meeting the needs of the community, but does not entirely direct the organizations themselves.

YMCA*

YMCA used to be supported by United Way but is now operated independently.

FAMILY

Child Family Resource Program

Listings for this program may be found, but it has been terminated due to a discontinuation of its federal funds. CFRP was directed through the Panhandle Community Services.

Child Saving Institute*

Volunteer representative who does only referral to the Child Saving Program based in Omaha.

The Compassionate Friends*

Chapter of a nationwide organization with meetings and monthly newsletters.

PRIDE*

Parents group.

Scottsbluff Family Planning Project*

Follow State and Federal guidelines through the State Health Department, but otherwise direct selves.

LOW INCOME ASSISTANCE

Cooperative Ministries

Body of ministers and lay people with some human service agencies representatives as associate memberships to keep communication

clear. Support the Valley Christian Neighbors in Need's food pantry and clothing bank. Cooperate with PCS, police department and Department of Social Services to reduce duplication of services.

Nebraska Department of Social Services*-Gering

Follow State and Federal guidelines. Used to be Department of Public Welfare implemented in each county. Currently in transition stage as a state agency.

Nebraska Department of Social Services*-Sidney

Follow State and Federal guidelines. Used to be Department of Public Welfare implemented in each county. Currently in transition stage as a state agency. Serves as the main administrative office for Kimball and Banner Counties. There is a office in Kimball where all their services are available for Kimball and Banner residents.

Kimball Office

Neighborhood Family Service*

Runs different programs, each having its own guidelines according to the funding source. The director writes grant proposals to get new programs.

Panhandle Community Services*

Serves as the organizing agency for the Community Action Agencies in the Panhandle through which all of their services are available. See the diagram of Panhandle Community Service's programs following this directory.

Community Action Agency-Kimball

Valley Christian Neighbors in Need*

Funded solely through church offerings. Supported by Cooperative Ministries.

Western Nebraska Legal Services Inc.*

Federal program.

MENTAL HEALTH

Panhandle Mental Health Center*

Runs out-patient services to Kimball. Serves as the clearinghouse for Federal and State alcohol funds for the area, but does not manage them in any way. The Flying Eagle Council is located in PMHC, but operates independently.

Mental Health Services-Sidney

Extension of PHHC; soon to be moved back to Scottsbluff.

MENTAL RETARDATION

Mental Retardation Admin Area II-Region I*

The Region I office does most of the paperwork for funding etc., but the Area offices run their own programs. The number of programs available in each area varies, usually with the density of population.

Mental Retardation Admin Area II-Region I*

The Region I office does most of the paperwork for funding etc., but the Area offices run their own programs. The number of programs available in each area varies, usually with the density of population.

VETERANS

County Veterans Service*

Federal and State funds are available through the Service, but the building and staff seem to be provided entirely through the County.

Veterans Service enter*

Federal and State funds are available through the Service, but the building and staff seem to be provided entirely through the County.

VIOLENCE

Domestic Violence Task Force*

DOVE's services are directed by their board.

VOLUNTEERS

Friends Inc.*

Sponsored entirely by the United Way, directed by a board consisting at least partially of United Way members.

Scotts Bluff County Volunteer Bureau*

Sponsored entirely by the United Way, directed by a board consisting at least partially of United Way members.

WOMEN

Child Saving Institute*

Volunteer representative who does only referral to the Child Saving Program based in Omaha.

Domestic Violence Task Force*

DOVE's services are directed by their board.

Scottsbluff Family Planning Project*

Funded by and guidelines followed from the Nebraska Department of Health.

Women's Alcohol Resource Council Inc.*

The ARC is directed by a board consisting of people from the area.

PANHANDLE RESOURCE COUNCIL

4502 Av I Scottsbluff

MaryLou Straue

632-1307

Regional Council of Governments for the Panhandle that: gives technical assistance to local governments in grant writing, contracts, etc.; sponsors forums for information exchange; does socio-economic data collection for the region; and coordinates the activities of local governments in whatever manner those governments see fit.

UNITED WAY AGENCIES

1. Alcohol and Drug Abuse Prevention Team
2. Boy Scouts
3. Campfire
4. Friends Inc.*
5. Girl Scouts
6. Guadalupe Recreation Center
7. Homestead Half Way House and Detox Program*
8. Hunts Acre Recreation Center
9. Neighborhood Family Service Center*
10. Panhandle Day Care Center (infant care)*
11. Red Cross
12. Scotts Bluff County Volunteer Bureau*
13. Summer baseball programs-one for Scottsbluff, one for Gering
14. Summer five week camp for physically or mentally handicapped youth
15. Women's Alcohol Resource Council*

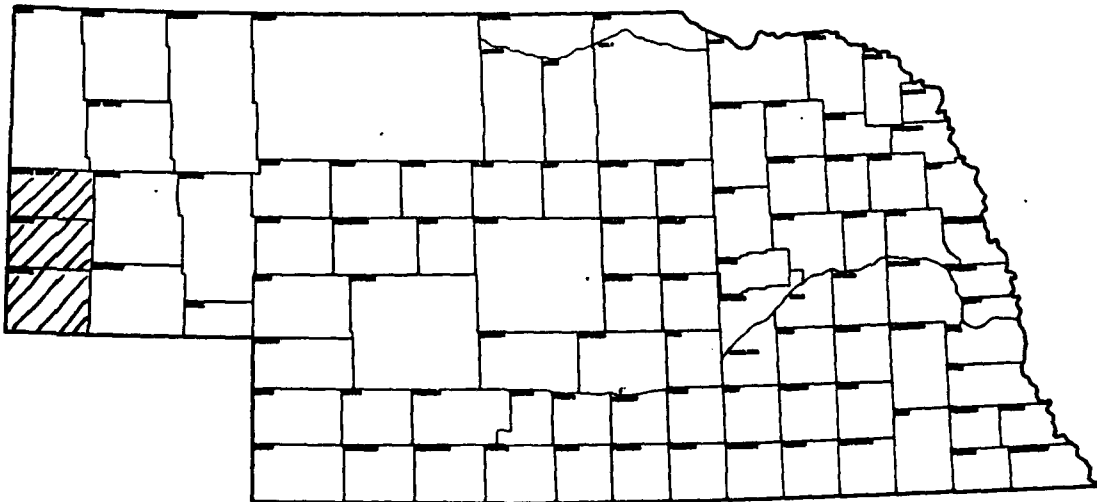
HEALTH STUDY

HEALTH SERVICES

A second portion of the Human Services, Health and Education study completed for Banner, Kimball and Scotts Bluff Counties in Nebraska is the Health Services study.

Purpose and Introduction

The purpose of this study is to explore the adequacy of the existing health care services for the three county area and to anticipate any changes in service delivery that may occur due to MX related activities. In order to provide some background for the area the populations of the counties involved in the study are as follows: (according to the 1980 census) Banner County, 918; Kimball County, 4,882; and Scotts Bluff County, 38,344. The geographic location of the three counties is in the southwest corner of the state and can be identified by the shaded area on the map below.



This area of Nebraska is very regional in nature. That is to say, the three counties covered in this report operate and interrelate with each other in many different areas such as the delivery of services. The distances between Kimball and other area communities are as follows:

Scottsbluff, NE, Scotts Bluff Co.	44 miles
Harrisburg, NE, Banner Co.	27 miles
Chadron, NE, Dawes Co.	147 miles
Ogallala, NE, Keith Co.	108 miles
Sidney, NE, Cheyenne Co.	39 miles
Cheyenne WY, Laramie Co.	57 miles
Denver CO, Denver Co.	163 miles

MX construction activities are scheduled to take place in Kimball and Banner Counties. Scotts Bluff County is included in this analysis because it is the largest population center in the immediate region. The cities of Scottsbluff and Gering provide services to Kimball and Banner Counties as well as to other western Nebraska Counties.

In the three county area there are the following health care facilities:

Table 1: Health Care Facilities

<u>Facility</u>	<u>Type of Facility</u>
Kimball County Hospital, Kimball	Hospital
West Nebraska General Hospital, Scottsbluff	Hospital
Scottsbluff Villa, Scottsbluff	Nursing Home
Western Nebraska Nursing Home, Mitchell	Nursing Home
Kimball County Manor, Kimball	Nursing Home
Colson Manor, Minatare	Nursing Home

**Banner County has no health care facilities.

Facilities

Kimball County Hospital is similar to many small community hospitals across the state. It is equipped to handle most illnesses and injuries. It has 30 beds, a professional staff of 14 R.N.s and 3 M.D.s and an

emergency room where a doctor is on call and can be there within five minutes. However, should the illness or injury be more serious or require major surgery, patients are transferred to other facilities.

Special services such as laboratory work, burn care and open heart surgery are referred to other facilities. Kimball County Hospital refers surgical patients but does have a consulting staff of four surgeons that are available to the hospital. Major surgeries such as neurosurgery and thoracic surgery are referred to other facilities such as West Nebraska General in Scottsbluff. Kimball County Hospital does have a laboratory that is equipped to handle most tests required by a hospital of its size. Tests are sent to other facilities when they require specialized analysis. According to the hospital administrator Barbara Rosendahl, R.N., Kimball County Hospital can do more lab work than other hospitals of the same size.

West Nebraska General Hospital in Scottsbluff is the major health care provider for the area. The hospital is well-staffed with 180 R.N.s and 69 M.D.s(A list of West Nebraska General's medical specialists can be found in Appendix A at the end of this report). It offers a 24-hour full-time physician staffed emergency room, a Level II Neonatal Intensive Care Unit, a community cancer program, an inpatient and outpatient Chemical Dependency Unit, a Renal Dialysis Unit, and an inpatient Psychiatric Unit. West Nebraska General has 271 bed capacity and employs 494 full-time staff and 309 part-time staff.

Severe burn patients are sent to other hospitals with burn centers such as St. Anthony's Hospital in Denver. Although West Nebraska General is well-staffed with specialists, patients requiring open-heart surgery are sent to facilities in Denver or Omaha. The facility that a patient is sent to is dependent upon the referring physician's preference and the

specialized medicine needs of the patient. West Nebraska General has a well-equipped lab, but sends tests to labs for special analysis. The lab in West Nebraska General sends out approximately 30 tests per month to laboratories specializing in a specific area of analysis. Their main referral lab is located in Rochester Minnesota, other labs where tests are sent are located in the Denver area.

Both Kimball County Hospital and West Nebraska General Hospital have average daily patient counts of approximately one-half of their capacity.

Staff

Another aspect of the impact question is the size of each facilities' staff and their ability to handle additional population. The facilities' staffing levels appear adequate. A list of Scottsbluff area physicians by specialty is included in Appendix A at the end of this report.

Through conversations with staff members and members of the communities, it was determined that there are additional trained nurses living in or near the area and would be available should the need arise.

A question brought up by the Health Care Professionals Supply and Need study by the Laramie County Health Planning Committee is the question of projected physician to population ratios. Those listed in the Laramie County study are ratios recommended by the Graduate Medical Education National Advisory Committee (GMENAC). Included in Appendix A at the end of this report is a listing of the GMENAC's recommendations for physician to population ratios for a variety of medical specialties. The following table shows projections and recommendations for the supply of health care professionals during the years of MX construction activities. The table lists the county, physician by specialty, the

recommended population to physician ratio, the 1985 projected population for the county, the 1985 projected population plus MX related projected immigration, current physician numbers, and additional physician need according to each specialty.

Table 2: Physician to Patient Ratios

<u>County</u>	<u>Physician By Specialty</u>	<u>Recomm. Pop/Phys.</u>	<u>1985 Pop. Projected</u>	<u>1985 Pop. + MX Pop. 1985-1989</u>	<u>Current Phys. #</u>	<u>Add. Need</u>
Kimball	Family Practice	2,923	4,808	5,108	3	0
	Internal Medicine, General	3,466	4,808	5,108	0	1
Banner	No Physicians (Need a population of 523 to support one physician) *No health care facilities, short distance to Kimball or Scottsbluff	523	907	907	0	*0
Scotts Bluff	Anesthesiologist	11,596	40,392	40,742	1	2
	Emergency Medicine	35,038	40,392	40,742	1	0
	Family Practice	2,923	40,392	40,742	20	0
	Internal Medicine	3,466	40,392	40,742	7	4
	Neurosurgery	91,892	40,392	40,742	1	0
	Neurology	88,550	40,392	40,742	1	0
	Obstetrics/ Gynecology	10,146	40,392	40,742	4	0
	Ophthalmology	20,993	40,392	40,742	3	0
	Orthopedics	16,127	40,392	40,742	4	0
	Otolaryngology	30,438	40,392	40,742	2	0
	Pathology	18,038	40,392	40,742	4	0
	Pediatrics	8,050	40,392	40,742	2	2
	Psychiatry	6,325	40,392	40,742	2	4
	Radiology	13,529	40,392	40,742	4	0
	Urology	31,625	40,392	40,742	3	0
	General Surgery	10,362	40,392	40,742	4	0

*Source: Derived from the Health Care Professionals Supply and Need study by the Laramie County Health Planning Committee and Nebraska Population Projections 1985-2020.

This table is purely based on the GMENAC recommendations. What is not reflected by this chart is that the distance between these counties is small, therefore alleviating some need for additional doctors. People in this area are accustomed to traveling for health care services. The

distance to larger medical facilities is not very great. The distance between Scottsbluff and Denver is approximately 200 miles and the distance between Scottsbluff and Cheyenne is approximately 100 miles. Therefore these projections need to be analyzed by taking the above information into account. According to Table 2, there is a projected need of a total of five additional internal medicine specialists, four in Scotts Bluff County and one in Kimball County. Practical projections and recommendations with this in mind would be three to four additional internal medicine specialists for the area. It should be noted, that the additional physician need projected in the table above would be the same for the area without the MX related immigration. The MX immigration is estimated to be 500 in Scotts Bluff County from 1985 to 1989 and 300 in Kimball County over the same time period. These population numbers do not alter the projections for additional physicians, therefore, the need for these physicians would exist regardless of MX-related immigration.

Another area where a shortage of physicians should be noted is Psychiatry. Table 2 shows the need for four additional Psychiatrists. The availability and adequacy of mental health services is discussed in the Human Services portion of this report.

Two other areas of physician need are also identified, they are Pediatrics and Anesthesiology. According to the GMENAC recommendations, there is a projected need of two additional medical specialists in each of these areas. These recommendations are made by the Graduate Medical Education National Advisory Committee, an outside entity that is not aware of local situations that may affect these projections. The communities themselves are more directly in touch with their own community needs, therefore, these recommendations should be analyzed in that light.

While specific areas of need exist regardless of MX immigration, the nature of the specialties needed will be reflected by the needs of the immigration population. For example, families moving into the area may reinforce the need for an additional Pediatrician. Communities should also monitor retiring doctors or doctors planning to move. Any outmigration of physicians would only further exacerbate the problem. Therefore, communities and any health organizations within the communities, should closely monitor the situation of physician shortages and make the necessary decisions to provide continuity in the delivery of health services.

Survey Results

A study of health care providers was completed earlier this fall. Preliminary tasks toward developing this study were completed this summer. The preliminary work included formulating a questionnaire that was sent to health care facilities in the area. The questionnaire was designed to review the ability of facilities to deliver health care to the present population. The questionnaire also asked the health care provider to anticipate any changes in their delivery of services due to MX related immigration. The facilities responding to the questionnaire were as follows:

Kimball County Hospital

West Nebraska General Hospital

Kimball County Manor

Scottsbluff Villa

Copies of each facilities completed questionnaire is included in Appendix B at the end of this report. Tallied results of the survey are as follows:

Table 3: Survey Results

<u>Facility</u>	<u>Current Bed Capacity</u>	<u>Average Daily Patient</u>	<u>Private Rm.</u>	<u>Daily Cost Semi-Priv.</u>	<u>Ward</u>
Kimball Co. Hosp.	30	13.47	\$146.00	\$136.00	----
West Neb. General	271	151	155.00	149.00	144.00
Kimball Co. Manor	72	68	29.50	27.00	\$27.00
Scottsbluff Villa	137	120	45.50	35.75	34.50

<u>Facility</u>	<u>Full-time Staffing</u>	<u>Part-time Staffing</u>	<u>R.N.'s</u>	<u>M.D.'s</u>
Kimball Co. Hospital	32	52	14	3
West Nebraska General	494	309	180	69
Kimball Co. Manor	24	35	3	On Call
Scottsbluff Villa	94	15	5	1

Medical Specialists:

Kimball County	Physical Therapist	1
	Certified Nurse Anesthetist	1
	Family Practice	3
		<u>5</u>
Scotts Bluff County	Physical Therapist	1
	Respiratory Therapist	1
	Anesthesiologist	1
	Emergency Medicine	1
	Family Practice	20
	Internal Medicine	7
	Neurosurgery	1
	Neurology	1
	Obstetrics/Gynecology	4
	Ophthalmology	3
	Orthopedics	4
	Otolaryngology	2
	Pathology	4
	Psychiatry	2
	Radiation Therapy	1
	Radiology	4
	General Surgery	4
Urology	3	
	<u>64</u>	
	Total	

Unique services provided by facility:

Kimball County Hospital: Stabilize acute care patients for transfer.

West Nebraska General: 24-hour full-time physician staffed emergency, Level II Neonatal Intensive Care, full surgical service (except open heart), community cancer program, inpatient and outpatient Chemical Dependency Unit, Renal Dialysis Unit, Inpatient Psychiatric Unit, Hospice.

Scottsbluff Villa: Respite care, rehabilitation care, apartments.

For what services do you send patients to other facilities?

Kimball County Hospital: Orthopedic surgery, neurosurgery, thoracic surgery.

West Nebraska General: Severe burns, open heart surgery.

Kimball County Manor: Stroke and broken bones.

Scottsbluff Villa: Acute mental illness, acute physical illness, skilled nursing care requirements.

What medical equipment does your facility need to improve service?

Kimball County Hospital: Ultra sound, lab equipment.

West Nebraska General: Have a current \$10 million expansion program, see no additional needs.

Kimball County Manor: Therapy Equipment, electric beds.

Scottsbluff Villa: Physical therapy equipment.

Each facility, except for Kimball County Hospital sent a copy of their disaster plans. Kimball County Hospital is in the process of revising their disaster plan so a copy was not available at this time. The plans cover natural disasters such as tornadoes. Other plans include evacuation and bomb threats. West Nebraska General's plan includes a reassignment of personnel in the event that emergency medical care is needed during a disaster. This plan is very detailed and should leave employees in no doubt as to what they should do during a disaster situation. The disaster plans appear quite adequate. The plans include a detailed list of duties to be performed in the event of tornado watches and warnings. Scottsbluff Villa has a detailed list of departmental assignments should an internal disaster, such as a fire, occur. Copies of these plans are included in Appendix C at the end of this report.

The Nebraska Department on Aging in their written response to the Draft Environmental Impact Statement expressed concern over the lack of planning involved regarding the possibility of accidents or explosions of radioactive materials. Even though the possibility of accidents is extremely low, the Department on Aging stressed the need that any possibility should be addressed. The Air Force, in their response to the

Nebraska Department on Aging's concerns stated that the Department of Defense and the Air Force have formal safety programs covering missile operations. These programs are guided by directives and regulations establishing policy and procedures, specifications, manuals, and pamphlets providing detailed safety requirements for reviews and inspections, training, and a mandatory reporting system for identification of safety related problems. This safety program has been adapted to include questions and/or problems that surfaced during the construction of the Minuteman Missiles. To coordinate the actions of all concerned federal, state and local agencies' Civil Defense planning is the responsibility of the Federal Emergency Management Agency (FEMA). The Air Force participates in these planning activities. County or local agencies requiring further information may contact the FEMA at, 500 C Street SW, Washington DC 20472. As mentioned before, the area health care facilities have developed disaster plans for use in the event of external as well as internal disasters.

The questionnaire also asked the health care providers to estimate what affect the expected MX related immigration will have on their institution. and its operation. The results were as follows:

<u>Facility</u>	<u>Response</u>
Kimball County Hospital	Have handled an influx of people four times in the past. Have people in the community to call on and a good working relationship with other hospitals.
West Nebraska General	An influx of additional population could be handled with relative ease.
Kimball County Manor	No impact unless they have a heavy older population.
Scottsbluff Villa	See a long range impact over time if the new residents stay, their elderly would need care as well.

Overall, it seems as though the health care facilities for the area are equipped to handle additional population. Both hospitals, Kimball County and West Nebraska General, have average daily patient counts of approximately one-half their current bed capacity. An influx of population could, therefore, help these facilities. The area nursing homes should receive little or no impact from MX related immigration due to the age of the expected workers.

It is clear from the information above that providing health care services to the public should not become a problem for the area. Given the facilities already present in the area, their capabilities and the short distances between the counties, it does not appear that there will be future problems. The health care facilities themselves do not foresee any problems with serving additional MX related immigration.

Conclusion

The purpose of this study is to explore the adequacy of the existing health care services and to make any recommendations to offset any breakdowns in the delivery of services.

A survey of health care facilities found that West Nebraska General Hospital in Scottsbluff offers a wide variety of services and has a large staff of medical specialists. Kimball County Hospital also provides quite adequate service to the community. The nursing homes and hospitals surveyed have predicted they will receive little or no impact due to MX-related immigration.

However, future physician needs have been identified in the areas of Internal Medicine, Psychiatry, Pediatrics and Anesthesiology. Community officials should monitor any changes in physician population and make plans to attract new physicians to the area to offset any changes in the delivery of health services.

Recommendations

In order to offset any anticipated changes in the delivery of health services due to MX related activities to the area, the following recommendations are made.

1. As mentioned earlier, there will be a need for medical professionals specializing in Internal Medicine. Table 2 shows that the population in the area will be sufficient to support at least four additional physicians specializing in Internal Medicine in Scotts Bluff County and one in Kimball County. However, taking into account the close proximity of other health facilities in Colorado and Wyoming, the need for five additional physicians may not be practical. Nevertheless, the need for Internal Medicine specialist exists and should be brought to the attention of local officials.

2. Another physician area where there is a shortage is the area of Psychiatry. According to Table 2, there is sufficient population to support four additional psychiatrists. The close proximity of other health facilities does alter this recommendation somewhat. A more practical recommendation would be for one or two additional psychiatrist even though there is sufficient population, according to the GMENAC's recommendations to support four.

3. Two other areas of physician shortages are also projected. They are in Anesthesiology and Pediatrics. Here the additional need is lower. According to the GMENAC's recommendations, there is sufficient population to support two additional physicians in each area. Once again, local officials need to be aware of these future

needs and plan accordingly to avoid any future breakdown in the delivery of health services to the area.

4. Local Civil Defense agencies should provide information to the public on the safety programs covering missile operations.

Information on Civil Defense planning can be obtained from the Federal Emergency Management Agency, 500 C Street SW, Washington DC, 20472.

HEALTH STUDY

APPENDIX A

APPENDIX A

PHYSICIAN TO POPULATION RATIOS RECOMMENDED BY GMENAC FOR 1990

<u>Specialty</u>	<u>Population Per Physician</u>
All physicians	523
General/Family Practice, M.D. & D.O.	2,923
Allergy & Immunology	118,787
Anesthesiology	11,596
Cardiology	31,421
Dermatology	35,038
Emergency Medicine	18,038
Gastroenterology	37,464
General Surgery	10,362
Hematology/Oncology	27,057
Infectious Disease	108,228
Internal Medicine, General	3,466
Neonatology	187,318
Nephrology	88,550
Neurology	88,550
Neurosurgery	91,892
Nuclear Medicine	60,878
Obstetrics/Gynecology	10,146
Ophthalmology	20,993
Orthopedic Surgery	16,127
Otolaryngology	30,438
Pathology	18,038
Pediatrics, General	8,050
Pediatric Allergy	270,570
Pediatric Cardiology	211,750
Pediatric Endocrinology	304,391
Pediatric Hematology/Oncology	147,583
Pediatric Nephrology	695,751
Physical Medicine and Rehabilitation	76,098
Plastic Surgery	90,190
Preventive Medicine	33,358
Psychiatry, General	6,325
Psychiatry, Child	27,057
Pulmonary Diseases	67,642
Radiology	13,529
Rheumatology	143,243
Thoracic Surgery	118,787
Urology	31,625

APPENDIX A

SCOTTSBLUFF AREA LOCAL PHYSICIANS BY SPECIALTY

ALLERGY & ASTHMA

Wanderer, Allan A., M.D., Scottsbluff

ANESTHESIOLOGY

McCullough, Nancy J., M.D., Scottsbluff

DERMATOLOGY

Kerr, David J., M.D., Scottsbluff & Denver

EMERGENCY DEPARTMENT

Rojas, Richard J., M.D., Scottsbluff

FAMILY PRACTICE

Barnwell, Robert B., M.D., Scottsbluff
Campbell, S. Douglas, M.D., Scottsbluff
Clark, R. Dan, M.D., Gering
Frank, Carl L., M.D., Scottsbluff
Fuhrman, Jerome A., M.D., Gering
Gentry, Donald M., M.D., Gering
Gentry, Harold E., M.D., Gering
Goeschel, Dennis P., M.D., Gering
Harvey, W.C., Jr., M.D., Scottsbluff
Hrnicek, Leo A., M.D., Bayard
Imes, David C., M.D., Scottsbluff
Johnson, Alan K., M.D., Scottsbluff
Johnson, Kenneth L., M.D., Scottsbluff
Johnson, M.R., "Pete", M.D., Scottsbluff
Klein, Gary J., M.D., Scottsbluff
Landers, Allan C., M.D., Scottsbluff
Myers, Kent W., M.D., Morrill
Shaffer, John C., M.D., Mitchell
Stratton, Lowell A., M.D., Mitchell
Wiley, Stuart P., M.D., Gering

INTERNAL MEDICINE

Chestnut, Robert A., M.D., Scottsbluff
Carpenter, W. Scott, M.D., Scottsbluff
Haney, Terry L., M.D., Scottsbluff
Nashelsky, Gunter M., M.D., Scottsbluff
Packard, William A., M.D., Scottsbluff
Seiffert, William A., M.D., Scottsbluff
Sorensen, Todd S., M.D., Scottsbluff

NEUROSURGERY

Beehler, Ernest W., M.D., Scottsbluff

NEUROLOGY

Durkin, Martin W., M.D., Scottsbluff

OBSTETRICS/GYNECOLOGY

Bussinger, Ernest K., M.D., Scottsbluff
Faaborg, Loren L., M.D., Scottsbluff
Holdt, David G., M.D., Scottsbluff
Keller, Daniel M., M.D., Scottsbluff

OPHTHALMOLOGY

Martin, Jud C., M.D., Scottsbluff
Rosenau, John A., M.D., Scottsbluff
Van Newkirk, Mylan R., M.D., Scottsbluff

ORTHOPEDICS

Oba, Calvin M., M.D., Scottsbluff
Phillips, Paul H., M.D., Scottsbluff
Ropp, Wendell F., M.D., Scottsbluff
Simpson, James J., M.D., Scottsbluff

OTOLARYNGOLOGY

Grubbs, Loran C., M.D., Scottsbluff
Kleager, Louis E., M.D., Scottsbluff

PATHOLOGY

Armstrong, A. A., Jr., M.D., Scottsbluff
Blevins, Ronald C., M.D., Scottsbluff
Breslich, Diana J., M.D., Scottsbluff
Singer, Donald A., M.D., Scottsbluff

PEDIATRICS

Bailie, Valerie Johnson, M.D., Scottsbluff
Baumgartner, J. C., M.D., Scottsbluff

PSYCHIATRY

Calkins, Robert, C., M.D., Scottsbluff
Hornby, Jack D., M.D., Scottsbluff

RADIATION THERAPY

Sorensen, C. N., M.D., Scottsbluff

RADIOLOGY

Chain, John H., M.D., Scottsbluff
Heasty, Robert G., M.D., Scottsbluff
Marsh, William R., M.D., Scottsbluff
Williams, John C., M.D., Scottsbluff

GENERAL SURGERY

Forney, Glen A., M.D., Scottsbluff
Schmitz, Gerhard W., M.D.,
Scottsbluff
Sell, David A., M.D., Scottsbluff
Westerbuhr, Lloyd M., M.D.,
Scottsbluff

UROLOGY

Engelbart, Richard H., M.D.,
Scottsbluff
Hayhurst, James D., M.D.,
Scottsbluff
Swartz, Edward M., M.D.,
Scottsbluff

HEALTH STUDY

APPENDIX B

WEST NEBRASKA GENERAL HOSPITAL

1. What is your current bed capacity? 271
2. What is your average daily patient census? 151
3. How many private rooms, semi-private and ward rooms do you have and what is the average daily cost of each?

Private Rooms	Cost	\$155
Semi-Private	Cost	\$149
Ward Rooms	Cost	\$144

4. What is your staffing force?

Part-time employees	309	Full time	494
M.D.'s	69	R.N.'s	180

5. How many specialists in the medical field do you have on staff? e.g.
 - a. Surgeons (see attached)

- b. Physical Therapist
 - c. Respiratory Therapist
 - d. Anaesthesist
 - e. Others

6. What unique services do you provide in your hospital/institution? e.g.

Trauma, burns, etc. WNGH is a regional referral center with 24 hour full-time

- a. physician staffed emergency, Level II Neonatal Intensive Care, full surgical
- b. service (except open heart surgery), community cancer program, inpatient and
- c. Others? outpatient Chemical Dependency, Renal Dialysis Unit, Inpatient Psychiatric Unit (after September 1984), hospice.

7. For what services would you have to send patients to other hospitals/institution?

- a. Severe burns
 - b. Open heart surgery
 - c.
 - d. others?

8. What medical equipment does your institution need now that would help improve and facilitate its service to the community? Due to our current

- a. \$10 million expansion program, we have on site or planned all current
 - b. diagnostic and therapeutic equipment to meet our needs. This includes the
 - c. latest generation of total body scanner.
 - d. others?

9. Does your institution have any disaster plan? If yes, please send us a copy. Copy enclosed.

10. Briefly explain how the influx of people into the community will affect your institution and its operation.

The hospital is currently equipped and staffed to handle up to 244 patients. An influx of additional population could be handled with relative ease.

Sign Here

Cyman

KIMBALL COUNTY HOSPITAL

RECEIVED

AUG 6 1984

POLICY RESEARCH

1. What is your current bed capacity? *30*
2. What is your average daily patient census? *13.47*
3. How many private rooms, semi-private and ward rooms do you have? what is the average daily cost of each?

Private Rooms	Cost	<i>146.00</i>
Semi-Private	Cost	<i>136.00</i>
Ward Rooms	Cost	<i>—</i>

4. What is your staffing force?

Part-time employees	<i>52</i>	Full time	<i>32</i>
M.D.'s	<i>3</i>	R.N.'s	<i>12</i>

5. How many specialists in the medical field do you have on staff? e.g.

- a. Surgeons — *General Surgery, Orthopedic, Urology, Gynecology, Pediatrics*
- b. Physical Therapist
- c. Respiratory Therapist
- d. Anaesthesist
- e. Others *3 Family Medicine*

6. What unique services do you provide in your hospital/institution? e.g.

- a. Trauma, burns, etc.
- b.
- c. others? *We treat acute care cases that are not able to be handled in the community and the hospital*

7. For what services would you have to send patients to other hospitals/institution?

- a. *Chiropractic*
- b. *Podiatry*
- c. *Pharmacy*
- d. others?

8. What medical equipment does your institution need now that would help improve and facilitate its service to the community?

- a. *Extra X-ray*
- b. *Lab equipment*
- c.
- d. others?

9. Does your institution have any disaster plan? If yes, please send us a copy. *Being revised — will send copy when finished*

10. Briefly explain how the influx of people into the community will affect your institution and its operation.

We have handled influx of people 4 times in the past and have no problem. We have several people in our community to call for who has good working relations with other hospitals.

Sign Here *Richard L. Smith, M.D.*

Facility Name Scottsbluff Villa
 Address 111 W. 36th, Scottsbluff, NE
 Contact Person Carolyn Anderson

LOCATION OF AVERAGE ANNUAL WEEKLY COMMUTERS						
Year	1984	1985	1986	1987	1988	1989
Summit Total	0	0	0	0	75	300
Gering-Scottsbluff	0	0	100	100	250	250

- What is your current bed capacity? 137
- What is your average daily patient census? 120
- How many private rooms, semi-private and ward rooms do you have and what is the average daily cost of each?
 Private Rooms 2 Cost 45.50
 Semi-Private 52 Cost 35.25
 Ward Rooms 9 Cost 34.50

- What is your staffing force?
 Part-time employees (11) Full time (94)
 M.D.'s (11)
 R.N.'s (15)

- How many specialists in the medical field do you have on staff? 0
 e.g.
 a. Surgeons Consultants: M.D.
 b. Physical Therapist Physical Therapists - 2
 c. Respiratory Therapist Sp Therapist - 1
 d. Anaesthetist Pharmacist - 1
 e. Others Laboratory technician - 1

- What unique services do you provide in your hospital/institution?
 e.g. Trauma, burns, etc.
 a. Respiratory care
 b. Rehabilitation care
 c. others? Apartment

- For what services would you have to send patients to other hospitals/institution?
 a. acute mental illness
 b. acute physical illness
 c. Skilled nursing care requirements
 d. others?

- What medical equipment does your institution need now that would help improve and facilitate its service to the community?
 a. Equipment for physical therapy & restorative nursing
 b.
 c.
 d. others?

- Does your institution have any disaster plan? If yes, please send us a copy. Yes (copy enclosed)

- Briefly explain how the influx of people into the community will affect your institution and its operation.

We expect that there would not be a direct relation to the influx of people & our organization, however, in the future new people in the community will bring their elderly to them for care. Over time, the demand for nursing home beds will increase & long range there will be a need to care for residents moving into the area at this time.

Return to: Dawn Egenberger
 Policy Research Office
 1321 State Capitol, Box 94601
 Lincoln, NE 68509

KIMBALL COUNTY MANOR

1. What is your current bed capacity? *72*
2. What is your average daily patient census? *68*
3. How many private rooms, semi-private and ward rooms do you have and what is the average daily cost of each?

Private Rooms
Semi-Private
Ward Rooms

57
27
5

Cost *29.00* per day +
Cost *27.00* .. +
Cost *27.00* .. +

4. What is your staffing force?

Part-time employees *35*
M.D.'s *on call*

Full time *24*
R.N.'s *3*

5. How many specialists in the medical field do you have on staff? e.g.
 - a. Surgeons *0*
 - b. Physical Therapist *0*
 - c. Respiratory Therapist *0*
 - d. Anaesthesist *0*
 - e. Others *0*

6. What unique services do you provide in your hospital/institution? e.g.
 - a. Trauma, burns, etc.
 - b. *Nursing Care only*
 - c. others?

7. For what services would you have to send patients to other hospitals/institution?
 - a. *Stroke* *stroke*
 - b. *broken bones* *broken bones*
 - c.
 - d. others?

8. What medical equipment does your institution need now that would help improve and facilitate its service to the community?
 - a. *Therapy Equip.* *Therapy Equip*
 - b. *Electric Beds.* *Electric Beds*
 - c.
 - d. others?

9. Does your institution have any disaster plan? If yes, please send us a copy. *X*

10. Briefly explain how the influx of people into the community will affect your institution and its operation. *None unless they are a new older population, which is doubtful.*

Sign Here

Ed L. Baker (Admin)

RECEIVED

AUG 6 1984

POLICY RESEARCH

HEALTH STUDY

APPENDIX C

WEST NEBRASKA GENERAL HOSPITAL

EXTERNAL DISASTER PLAN

JUNE 1983

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TRANSPORTING PATIENTS TO ANOTHER BUILDING

In the event the North Unit can no longer be used for patient care, the patients will be transported to the South Unit. If that building is not able to be utilized, we will then transport patients and staff to the Scottsbluff National Armory. Nebraska Transport Co. and Nebraska Iowa Xpress will assist in transferring. Valley Ambulance service will assist in transferring the critical patients.

If the Scottsbluff Armory can no longer accept patients, the Gering Armory will be used.

The decision to evacuate the buildings will be made by administration. Administration will activate the transportation plan.

ARMORY

Major Winchell
2810 First Avenue
Scottsbluff, NE
635-3737

Gen. James Carmona
National Guard
1300 Military Road
Lincoln, NE
(402) 471-3241

LOCAL TRUCKING SERVICES

Nebraska Transport Co.
Dick Holiday
2435 North Tenth Street
Scottsbluff, NE
635-1214

Bee Line Motor Freight
Larry Klein
826 West 26
Scottsbluff, NE
635-3241

This hospital facility is able to care for all patients except massive burn patients. They will be stabilized here prior to transport to a burn center.

Each physician must specify which hospital in the surrounding area he wants his patients transferred to in the event this hospital can no longer care for them.

THURSDAY
MARCH 10, 1983

Dear Mr. Klein,

I am writing you a few lines to confirm our conversation on the phone about using your freight service in case of a disaster. I would like to take this time to thank you for your cooperation and concern in this matter.

Yours Truly

Joyce Hinze

Joyce Hinze R.N.
Emergency Room

THURSDAY
MARCH 10, 1982

Dear Major Winchell,

I am writing you a few lines to confirm our conversation on the phone about using the Armory in case of a disaster. I would like to take this time to thank you for your cooperation and concern in this matter.

Yours Truly

Joyce Hinze

Joyce Hinze R.N.
Emergency Room

THURSDAY
MARCH 10, 1983

Dear Mr. Holiday,

I am writing you a few lines to confirm our conversation on the phone about using the Transport Company in case of a disaster. I would like to take this time to thank you for your cooperation and concern in this matter.

Yours Truly

Joyce Hinze
Joyce Hinze R.N.
Emergency Room

TRANSPORTING PATIENTS

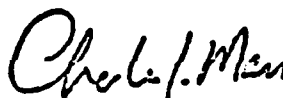
When patients are transported within the hospital for medical and/or treatment purposes (with the exception of x-ray), they will be accompanied by a hospital employee or volunteer.

Responsibility: Admitting Office, Nursing Service, Paramedical Departments

Upon admission the patient will be accompanied to his room by the admitting clerk or auxiliary volunteer. At dismissal, the patient will be escorted outside the building (preferably to his car) by a hospital employee. Whenever necessary, wheelchairs or stretchers will be used.

Also, patients will be accompanied when transported to other medical departments.

Patients will be properly attired in gown or pajamas, robe and slippers. Patients in wheelchairs should have a blanket placed over their legs. Patients on stretchers will be covered with a sheet and/or blanket.



Charles J. Marr
President

Reviewed: 7/17/79; 3/23/83
Revised: 3/27/81

WEST NEBRASKA GENERAL HOSPITAL
TRANSPORTING PATIENTS -- POLICY 30.22


EMERGENCY EVACUATION - ACUTELY DISTURBED PATIENT

Acutely disturbed patients will be evacuated in the same manner as any other patient during a disaster.

Responsibility: Unit Charge
Supervisor

-
-
1. All other patients in the immediate area are to be evacuated as planned in the specific crisis manual.
 2. After other patients have been evacuated:
 - a. Have 2-3 people (show of force) approach the patient in a calm manner.
 - b. Explain to the patient the nature of the disaster (drill, fire, tornado) and where you want to evacuate to (basement, outside).
 - c. Accompany the patient to the area specified - do not lay on hands unless necessary.
 - d. Separate patient from large group of other patients to prevent stimulation. (In the basement go to an office. Outside - move away from group.)
 - e. Talk with the patient, calmly. Answer all questions truthfully but only to the extent necessary. Do not give information unless you know it is true.


Ruth M. White, R.N.
Division Director
Nursing Service


Charles J. Marr
President

Reviewed: 9/23/81; 11/24/82

WEST NEBRASKA GENERAL HOSPITAL

EMERGENCY EVACUATION - ACUTELY DISTURBED PATIENT -- POLICY 927.4

TRANSFER OF PATIENTS TO OTHER HOSPITALS

In the event of a disaster in which WNGH has been involved, arrangements have been made with surrounding hospitals to accept our patients. They will be taken to the armories for temporary holding until transportation can be arranged.

Alliance, Nebraska; 308/762-6660
Box Butte General Hospital

Can accept 15-20 patients; will need no nursing staff.

Bridgeport, Nebraska; 308/262-1616
Morrill County Community Hospital

Can accept 10-15 patients; will need 1 R.N. and 2 L.P.N. nursing staff to assist.

Chadron, Nebraska; 308/432-5586
Chadron Community Hospital

Can accept 15 patients; no nursing staff needed.

Crawford, Nebraska; 308/665-1770
Crawford Community Hospital

Can accept 10 patients; will need 1 R.N. and 2 L.P.N. nursing staff to assist; 1 possible physician.

Kimball, Nebraska; 308/235-3621
Kimball County Hospital

Can accept 10 patients; no nursing staff needed.

Torrington, Wyoming; 307/532-4181
Goshen County Memorial Hospital

Can accept 10 patients; no nursing staff needed.

Critical patients are to be sent to:

Cheyenne, Wyoming
Memorial Hospital; 307/632-6411

Can accept 4 critical patients; 4 nursing staff needed.

DePaul Hospital; 307/632-6411

Can accept 4 critical patients.

Denver, Colorado; 303/861-8888
Children's Hospital

NICU babies

INTRODUCTION

In the event of a disaster, the hospital will immediately mobilize its capabilities to meet any contingency that may develop.

Such conditions will require the full cooperation, capabilities, sound judgment, and willingness of all employees to assist in any way possible.

All procedures in this Manual refer to the North Unit unless otherwise indicated.

Employees may be instructed by their supervisor to come to the hospital immediately upon learning of a disaster, or to remain at home until called. If employees are to come, or come when called, immediate reporting is essential.

The person in charge in the event of a disaster will be the administrative person on duty at the time of the emergency call, and in the following order of authority:

President
Vice President General Services
Vice President Finance
Vice President Nursing
Division Director Nursing Service
Nursing Service House Supervisor

The person in charge is called the "Duty Officer". When an administrative officer higher in authority arrives at the hospital after an emergency has been declared, he or she will coordinate with the duty officer and subsequently take charge.

The following three points are important for all employees to observe:

1. Always carry your hospital identification card. You may need it to pass police or road blocks.
2. Report to your department director's office immediately upon entering the hospital. Wear your hospital name tag or clip on your hospital ID card.
3. All assignments for you and members of your department will be made by your department head.

PURPOSE OF THE PLAN

- A. To mobilize all capabilities of the hospital.
- B. To provide the necessary medical and nursing care for the injured.
- C. To facilitate the coordination of services in meeting the physical, emotional and spiritual needs of victims and their families.

DEFINITION OF EXTERNAL DISASTER

A situation, either natural or man-made, which is located outside the hospital and results in destruction of life and/or property.

NOTIFICATION OF A DISASTER

- A. All reports of a disaster situation will be given immediately to the duty officer. The name of the person providing the information, his location, and sources of information should be obtained by the person taking the call.
- B. The Scottsbluff area tornado warning signal is a solid one-minute blast from the fire whistle. An all-weather alert radio is located in the emergency department.
- C. A disaster will require immediate expansion of our capabilities. The duty officer will activate the emergency procedures by notifying the switchboard operator. The switchboard operator will give the signal by announcing over the public address system three times: "EMERGENCY, EXTERNAL DISASTER." The type of disaster may be given but never the location.
- D. During the emergency, all visiting non-hospital persons will either be assigned to stay with the patient they are visiting or asked to leave the building. Some visitors may be of great assistance under proper supervision.
- E. When the emergency has ceased, the duty officer will instruct the switchboard to announce the "All Clear" signal. "All Clear" will be announced three times over the public address system.

NOTIFICATION OF PERSONNEL

- A. An up-to-date list of names and home telephone numbers of key personnel in order of priority to be notified will be maintained at operation headquarters, emergency department, nursing service office and the hospital switchboard. The list will be monitored by administration. Each department will maintain an up-to-date call list.
- B. On-duty Personnel

All department heads notify operation headquarters in person of their presence in the hospital. All other personnel on duty will report to their immediate supervisor.
- C. Off-duty Personnel

All department heads or their alternates will report to operation headquarters in person immediately upon hearing of a disaster.

The duty officer will notify the executive secretary, or alternate, who will notify the off-duty disaster call list. The executive secretary will inform the medical staff secretary that Medical Staff are to be notified of disaster and where to report.

All other personnel will remain at home close to their telephone and radio and will report for duty according to schedule unless contacted by the department head to report sooner. Radio messages will be used if telephone communication is not possible.

The emergency department and maintenance department personnel will report for duty automatically without being called.

COMMUNICATIONS

- A. Use of hospital telephones will be on an emergency basis only. No personal or business telephone calls will be allowed. Radio and television stations have been asked that no calls be made to the hospital in order to keep lines open.
- B. Radio communications with Scottsbluff Emergency Operation Center will be maintained, if needed, by "ham" operators who will set up their equipment in the hospital, or by use of walkie-talkie radio.
- C. Appendix E contains in-hospital extension numbers for disaster areas needing to be called.

TRAFFIC CONTROL

- A. The security department, with assistance of maintenance, will control traffic at each traffic entrance until assigned volunteers and the Scottsbluff Police Department have the situation under control.
- B. All incoming patients will be admitted through the emergency entrance.
- C. Personnel and other authorized persons will report for duty by using the employee entrance on the east side of the building.
- D. Dismissed in-house patients will leave through the north entrance at the North Unit.
- E. Visitors asked to leave the hospital will exit through the north entrance.
- F. Friends and relatives of disaster victims will be directed to enter the hospital through the north entrance and then directed to the cafeteria. Hysterical families will be directed to the chapel. A code word will be given to the family so that they will be allowed into the hospital. Friends and relatives who appear at the South Unit will be directed to the north entrance of the North Unit for information and assistance.
- G. The news media will be directed to enter through the north entrance and to wait in the playroom on Peds for information and directions.

PUBLIC INFORMATION

- A. Any information for public distribution will be cleared by the Information Center in the Scotts Bluff Room.
- B. No information will be released unless authorized by the Information Center.
- C. See Appendix G.

RECORDS AND IDENTIFICATION

- A. Disaster records will be kept as simple as possible. More detailed records can be obtained later.
- B. Each incoming patient will be tagged by the admitting clerks.
- C. See Appendix C.

PERSONNEL POOL

- A. The personnel pool will be established after the hospital's disaster plan has been activated. The pool for the North Unit will be in the personnel office.
- B. All unassigned nursing personnel, para-medical personnel, non-medical personnel, students and volunteers will report to the pool and wait for assignment.
- C. Employees will make clear to pool personnel their level of function.
- D. Leave only for assignments and return immediately upon completion of assignment.
- E. Wear ID tag or name tag.
- F. Sign in and out of pool.
- G. Each area is to assign a supervisory person to contact pool for any personnel needed for assistance.
- H. The personnel in charge of the pool will assign one person to check all doors, make sure doors have guards, and traffic is being stopped as appropriate.

OPERATION HEADQUARTERS

- A. Will be set up in the admitting supervisor's office.
- B. The following persons are to report to, and remain in, operation headquarters unless delegated otherwise by the duty officer:
 - Duty Officer
 - President
 - Vice President General Services
 - Vice President Finance
 - Division Director Medical Services
 - Vice President Nursing or designee
- C. The duty officer will be responsible for the coordination of all services.
- D. Responsibilities of the duty officer include:
 - 1. Evaluate the disaster report, determine its severity, and notify the switchboard operator to announce, "Emergency, External Disaster".
 - 2. Implement the notification of department directors and key staff.

Operation Headquarters, Cont'd

3. Implement the notification of Medical Staff.
 4. Coordinates efforts with other health related facilities and city and county officials in meeting physical, emotional, social and spiritual needs of disaster victims and their families.
 5. Keep all departments informed of the progress of the emergency.
 6. Have prearranged transportation facilities for transfer of patients and supplies.(see Appendix B).
 7. Release information to the public, including the news media.
 8. Assure that adequate security measures are in effect and maintained.
 9. Determine when emergency is ended and notify the switchboard operator to announce the "All Clear".
- E. Medical services will give and provide direction and treatment of casualties. See Appendix F for physician assignment list.
- F. Nursing service will give and provide direction and nursing care of casualties and initiate casualty flow pattern.(see Appendix B).

DEPARTMENTS OR UNITS RESPONSIBLE TO DUTY OFFICER

I. Business Office

A. Organizational structure

1. The business office will operate under the direction of the duty officer.

B. Responsibilities

1. All reports of a disaster situation or threat of an impending disaster are given immediately to the duty officer and the director of nursing service or alternate. The name of the person providing the information, his location and source of the information should be obtained by the person taking the call.
2. Responsibilities of the switchboard operator
 - a. When the disaster report has been evaluated, the duty officer will notify the switchboard operator to announce three times over the paging system, "Emergency, External Disaster".

Departments or Units Responsible to Duty Officer, Cont'd

Business Office, Cont'd

- b. Only emergency telephone calls will be put through. A second person will be assigned to assist with paging.
- c. When the emergency condition has ended, the duty officer will notify the operator to announce the "All Clear" signal three times over the paging system.

3. Admissions

- a. Two admitting clerks will be stationed at the receiving area, one at the main ER ambulance entrance and one at the entrance for the walking wounded. They will:
 - 1) Tag the patient.
 - 2) Keep an accurate tally of patients entering.
 - 3) Transfer to ER to assist when all the patients have arrived.
- b. One admitting clerk will be stationed at the front desk to:
 - 1) Answer all incoming phone calls.
 - 2) Guide flow of traffic.
 - 3) Reevaluate total count of victims by counting all white slips before being handed over to the runner (e.g., the white information slip will be picked up by a runner and taken to the information clerk in the Scotts Bluff Room).
- c. The head clerk will station the remaining clerks available throughout the emergency room and other treatment areas. They will:
 - 1) See that disaster tags are filled out to their best availability.
 - 2) See that the white information tag is sent to the clerk at the front desk.
 - 3) Assist nursing staff.
- d. One admitting clerk will remain in the admitting office to take care of regular admissions, and finish the admitting procedure of disaster victims as possible.

Departments or Units Responsible to Duty Officer, Cont'd

Business Office, Cont'd

4. Dismissals

- a. One clerk will remain in the business office to handle emergency dismissals from the floors.
- b. One clerk will be sent to outpatient surgery to dismiss patients. This person's main responsibility is to see that information is complete in order to bill patient for services rendered and that any valuables are sent with the patient. Disaster tags are to be removed by this clerk. The patient is sent to north entrance for dismissal.

5. All business office personnel not assigned a responsibility are to report to the personnel pool.

6. Unit secretaries - Appendix I.

II. Dietetics/Food Service Department

A. Organizational structure

1. In line with the major disaster plan, the dietetics/food service department will operate under the direction of the duty officer.

B. The director of dietetics/food service will carry out the operations of the department.

C. Responsibilities

1. Obtaining supplies: The director of dietetics/food service or assigned employee will be responsible for obtaining additional supplies if necessary. An up-to-date list of purveyors, including addresses and phone numbers, will be kept in the office of the director of dietetics/food service.

2. Priorities of serving:

First: Patients
Second: Employees
Third: Visitors

If possible, coffee will be provided to visitors and representatives of the news media in appropriate waiting areas.

3. Assignments: The director of dietetics/food service will assign one person from the department to monitor traffic between the Scotts Bluff Room and the cafeteria, North Unit, with the purpose of keeping relatives and friends from gaining access to the emergency room area.

Departments or Units Responsible to Duty Officer, Cont'd

III. Personnel/Chemical Dependency Unit/Human Services

A. Organizational structure

1. Personnel, chemical dependency unit, and human services will function under the direction of the duty officer.
2. The person in charge will be in this order of authority:
Director of Personnel
Director of Chemical Dependency Unit
Director of Human Services
3. One person from the pool will assist with clerical work.

B. Responsibilities

1. Establish an information center in the Scotts Bluff Room. Telephone jacks are in the Scotts Bluff Room; telephone sets are located in the storeroom in the Scotts Bluff Room.
2. Formulate code word. Inform traffic control and nursing supervisor.
3. Receive all incoming calls from relatives - getting their name and phone number (see Appendix G).
4. Inform duty officer of victim's name and status as the disaster tags with this information are received at information center.
5. Return calls as designated by the duty officer.
6. Assist with escorting relatives to the information center. Patients who are discharged from the minor treatment area should go to the information center regarding presence of family members; exit from the north door.
7. Assign a runner between the information center and the triage area to record all admissions and discharges.
8. Refer family members who need first aid to the minor treatment area. These individuals are to be accompanied by a member of the hospital staff.
9. The director of human services will assume major responsibility for working with relatives and friends to reduce anxiety and provide emotional support.
10. Provide a security person for north door.

Departments or Units Responsible to Duty Officer, Cont'd

Personnel/Chemical Dependency Unit/Human Services, Cont'd

11. Families waiting should be taken to the cafeteria.
12. The chaplain will assist in the chapel with hysterical patients and families. The psychiatric nurse will be available as necessary.

IV. Laboratory

A. Organizational structure

1. The laboratory will operate an independent department under the duty officer.

B. Responsibilities

1. One or more laboratory technologists will be in the emergency room area to collect specimens and make out slips, with two runners to deliver samples and messages to the lab.
2. The laboratory is responsible for performance of the essential and emergency laboratory procedures, supply of whole blood and requirements and autopsies.

V. Engineering and Maintenance Department

A. Organizational structure

1. The engineering and maintenance department will function under the direction of the duty officer.
2. The manager of plant operations will assess the need for assistance from community sources in terms of maintaining the physical environment.

B. Responsibilities

1. The manager of plant operations or his delegate will keep informed of the nature and possible effect of the disaster upon the physical plant and convert to emergency operation as needed.
2. The chief engineer or his delegate will:
 - a. Dispatch maintenance personnel to each entrance drive to direct traffic until relieved by the Scottsbluff Police Department. One maintenance person will direct traffic at east entrance, South Unit.

Departments or Units Responsible to Duty Officer, Cont'd

Engineering and Maintenance Department, Cont'd

- b. Assign person to lock all doors except north and east entrance and emergency room entrance.
- 3. The chief engineer will remain available to assist where needed.
- 4. If disaster occurs when staffing is minimal, the director of plant operations will be responsible to notify all members of the department.

VI. Medical Records

A. Organizational structure

- 1. Medical records will operate under the direction of the duty officer.

B. Responsibilities

- 1. Two or more persons will remain in the department to obtain previous records from hospital files on patients.
- 2. Other personnel will act as "runners" to and from the admitting areas to obtain names of patients being admitted and where.
- 3. One person will be sent to hall doors by lab to monitor traffic control.

VII. Pharmacy

A. Organizational structure

- 1. The pharmacy will operate under the duty officer.

B. Responsibilities

- 1. Provide emergency pharmaceutical supplies as needed.
- 2. In coordination with all departments concerned, assemble, store, and dispense sufficient amount of drugs and supplies to treat casualties.
- 3. Make arrangements with outside sources if additional supplies are needed. Requests are to go through the duty officer at operations headquarters.
- 4. One pharmacist will be sent to the emergency department to assist in setting up drugs, IV's, etc.

Departments or Units Responsible to Duty Officer, Cont'd

VIII. Radiology Department

A. Organizational structure

1. The radiology department will operate under the direction of the duty officer.

B. Responsibilities

1. Provide patient services as indicated.
2. Secretarial staff of radiology department will monitor the hallway between the hospital and Medical Office Building against unauthorized personnel or patients.

IX. Anesthesia Department

A. Organizational structure

1. The anesthesia department will function under the direction of the duty officer.

B. Responsibilities

1. To respond to the needs of anesthesia as determined by the medical department.
2. Will assist with intubation and starting IV's in the disaster as needed.
3. To secure supplies as needed or anticipated from central supply and/or pharmacy.

X. Security

A. Responsibilities

1. Will assume responsibility of traffic control.
2. Will be responsible to secure building.

XI. Home Health

A. Responsibilities

1. Will be in charge of morgue (present holding room) and adjacent hallway.

Departments or Units Responsible to Duty Officer, Cont'd

Home Health, Cont'd

2. Assign person to properly identify each body and keep proper record of transfers to mortuary.
3. Assign person to provide emotional support for any relatives that might be present.
4. Assist nursing service as directed by nursing service director or delegate.

XII. Housekeeping

A. Housekeepers' Responsibilities

1. Move equipment out of way (end of corridors).
2. Remain with elevators and restrict access to employees responding to disaster.
3. Go to pool area.
4. Operate elevators to bring down equipment and supplies from the floors as follows:
 - a. East elevator, fifth floor: Stop at first floor to unload.
 - b. Central service supply carts and linen carts will come up elevator by admitting office.
 - c. West elevator, fourth floor: Go to first floor and unload, remain with elevator.
 - d. South elevator: To third, then second floor; stop at first floor to unload, then to ground floor for pharmacy and respiratory therapy supplies.

B. Project Technicians' Responsibilities (housekeepers will be alternates)

1. Move equipment out of way. Act as litter bearers in triage area. Call pool area for more help - four bearers per litter.
2. One technician will get mopping outfit and report to triage.

C. Linen Room Responsibilities

1. Get two laundry carts; fill one with bath and thermal blankets, fill other with bath towels, wash cloths, sheets and gowns. Take to triage and surgical areas.

Departments or Units Responsible to Duty Officer, Cont'd

Housekeeping, Cont'd

2. Take x-ray linens to radiology.
3. Answer telephone calls for linen needed.
4. Arrange with Ideal Laundry to get hospital linens to us.

XIII. Supply, Purchasing, Stock Room

- A. Central Supply: Remain in area.
- B. Purchasing: Remain in area.
- C. Stock Room: Remain in area.

XIV. Operating Room

A. Responsibilities

1. Prepare for receiving patients.
2. Contact central supply for supplies.
3. Contact additional staff.

XV. Rehabilitation

A. Organizational structure

1. Rehabilitation will function under the direction of nursing service.

B. Responsibilities

1. Upon receiving notification of a disaster, personnel from rehabilitation will report to their unit for further direction.
2. Clear area of patients.
3. Personnel will be responsible to assist the physicians in caring for orthopedic patients.
4. Fifth floor cast cart and supplies will be brought to rehabilitation.

Departments or Units Responsible to Duty Officer, Cont'd

XVI. Cardiopulmonary Services

A. Organizational structure

1. Cardiopulmonary Services will function as an independent department under nursing service.

B. Responsibilities

1. Two therapists will report to the emergency department to assist with assessment, establishment, and maintenance of artificial airways as well as resuscitation, and O₂ set-ups.
2. Assist with transporting patients on O₂ from the emergency department.
3. Two therapists will gather and bring all available portable O₂'s to triage area and set-up O₂ outlets in triage area with flow-meters and O₂ appliances (there are seven O₂ outlets in surgery waiting area). These two persons will also set up O₂ in outpatient recovery area.
4. All additional personnel will report to the department for assignment as needed by the department director or supervisor and are to maintain patient services as indicated. Supervisor on duty, or department director or assistant director, will call in additional personnel as needed.

XVII. School of Nursing pool area in Personnel (supplies kept there)

A. Operation of the personnel pool

1. The director of School of Nursing will have primary responsibility.

B. Responsibilities

1. All faculty report to pool and assist with its operation.
2. Make all pool assignments.
3. Attach name tags to employees or make sure name tag is present.
4. Obtain additional help.
5. Keep log of pool members and assignments.
6. The supervisor of each area is to make the call to get assistance from the pool.

Departments or Units Responsible to Duty Officer, Cont'd

XVIII. Renal Dialysis Unit

A. Responsibilities

1. The renal dialysis unit will continue to do patient care in a normal routine.
2. Any extra personnel will be sent to nursing pool.

SOUTH UNIT

The South Unit will receive the page announcing, "Emergency, External Disaster." A review of the census will be made to determine patients who can be discharged.

Any nursing personnel that are not needed will be sent to the nursing pool at the North Unit.

CDU Nursing Personnel

After determining the number of nurses required to manage CDU, send additional available nurses to the pool at the North Unit.

VOLUNTEER SERVICES

Volunteer personnel are to remain with patient if asked to, or report to pool area for further assignment.

Ask those people in the waiting room and gathered around information center to leave as soon as possible. Inform them they are not to go anywhere else in the hospital, that an external disaster has happened and all visiting hours are suspended. DO NOT VOLUNTEER ANY INFORMATION.

Go to the main entrance as a door guard (allow no one to come in, Maintenance will lock the door) until people from the Personnel Department arrive. You will then serve as an escort for incoming families of disaster victims. You will show them from the front door to their destination for incoming families in the cafeteria.

The evening shift will follow above procedure; however, the volunteer will serve as guard until a member of the disaster team arrives.

Use of Entrances - North Unit

Emergency entrance.....	Incoming patients
North entrance.....	Outgoing visitors and patients Incoming relatives to cafeteria News media to Peds playroom
East entrance.....	Incoming employees

Disaster clips are available at all nursing units and pool area. Clips for ID will be given to incoming employees if they do not have name tags.

North Unit.....	22	- Storage room by ambulance entrance
	2	- Fifth floor electrical room
	2	- Fourth floor electrical room
	2	- Third floor electrical room
	1	- Custodial room second - vest
	<u>2</u>	- Basement storeroom
Subtotal	31	
South Unit.....	<u>9</u>	- First floor utility room
Total	40	

DESIGNATED USE AREAS DURING DISASTER

North Unit

Triage Area.....Emergency waiting with overflow to surgical waiting
Major Trauma.....Emergency room
Hysterical Patients
and Families.....Chapel area
Minor Trauma.....Outpatient Department
Orthopedic.....Rehabilitation
Pregnancies.....Delivery room/labor room area
Morgue.....Holding room and adjacent hallway
Personnel Pool.....Personnel Department
Family Waiting.....Cafeteria
Information Center.....Scotts Bluff Room

NURSING SERVICE

North Unit Supervisor

The North Unit supervisor is responsible for establishing priorities in the following:

- A. If notified by anyone other than emergency department:
 - 1. Notify emergency department immediately.
 - 2. Notify switchboard.
- B. Notify key personnel
 - 1. 0700-1700 -- President or alternate, give secretary message if he is not there.
 - 2. 1700-0700 -- Notify duty officer on-call.
 - Notify division director of nursing → assistant division director of nursing → administrative assistant.
- C. Check to see disaster carts are available and supplies distributed.
- D. If necessary, assign personnel to man main doors until help arrives.
- E. Obtain walkie-talkie in supervisor's office for communication with operation headquarters and South Unit.
- F. Check areas, assign personnel as needed, make sure chapel and morgue are staffed.
- G. Obtain patient census and availability of beds (list available in nursing service office).
- H. Coordinate patient care as necessary.
- I. Inform charge nurse of units what the code word is.

Head Nurse or Charge Nurse - All Units

- A. Know patient census and possible dismissals. Use Appendix D to make two copies of available beds and possible dismissals. Send one copy to the admitting office and one copy to the nursing service office by messenger.

Nursing Service, Cont'd

B. Send assigned personnel to designated area - 0700-2300:

Third to Emergency Department...1 RN, 1 LPN, 1 Unit Secretary, 2 team members, psychiatric nurse to chapel (hysterical patients).

Fourth to Outpatient.....1 RN, 1 Unit Secretary, 2 team members.

Fifth to Physical Therapy.....1 RN with cast cart. To Ambulance Entrance:
1 Unit Secretary, 1 team member.

First to Ambulance Entrance.....1 Unit Secretary. To Outpatient: 1 RN.

Obstetrics to Ambulance
Entrance.....1 RN.

CCU/ICU.....Available personnel to emergency department.

All other extra personnel to pool area in personnel office.

Send available personnel to emergency room - 2300-0700.

C. Each floor brings to emergency department clerk's desk:

2 stethoscopes	3 thermal blankets	2 wheelchairs
2 sphigno	3 bath blankets	1 cart
1 otoscope		

D. In case evacuation is necessary, designate the lead staff member to:

1. Take Kardex/Medex
2. Keep all patients together, count patients.
3. Count all patients upon arrival at destination.
4. Charge person to be last to leave the unit after making sure all patients are evacuated.
5. Use elevator as assigned. Patients who cannot walk or use wheelchair must be carried by litter.

Administrative Assistant/Secretary

A. Report to nursing services office.

Nursing Service, Cont'dAdministrative Assistant/Secretary, Cont'd

- B. Make a copy of the staffing pattern showing who is on duty.
- C. Administrative assistant start calling employees in from nursing office phone.*
- D. Secretary use Vice President General Services office phone to start calling employees in.*

*An agreed upon split of alphabetically listed employees will be used to prevent duplication. Names of employees called are to be listed and checked off if reached. Make note if employee reached and cannot respond.

Call only employees that are indicated by supervisor.

Charge Person - South Unit

- A. Obtain census
 - 1. Determine number of possible dismissals.
 - 2. Determine number of possible admissions that can be handled.
- B. Unit notifies head nurse.
- C. Coordinate patient care as needed.
- D. Contact pool for additional help. Send any available personnel to the pool at the North Unit.
- E. Be prepared to receive patients for admission.

AREA RESPONSIBILITIES

<u>PERSONNEL</u>	<u>DUTIES</u>	<u>SUPPLIES</u>
A. <u>Receiving and Triage</u>		
Two teams each composed of one RN and one ward clerk:		
. Registered Nurse	Triage and routing of patients. Life saving treatments; i.e., clear airway, stop hemorrhages. Give information to clerk for tagging.	From ER box, airways, pressure dressings. Blankets, folding table from ER clerk's office.
. Emergency Room Clerk	Record patient's name, injury, treatment on tag and attach to victim. Record patient and number in logbook.	Disaster tags, clipboard, logbook from ER cart.
Stretcher Bearers (housekeeping and accounting - four carriers per stretcher)	Transportation of patients unable to walk and DOA's to morgue.	Stretchers and wheelchairs.
B. <u>Initial Definitive Treatment - First Aid</u>		
Team Member (LPN or Aide)	<p>V.S. on all patients.</p> <p>Undress all trauma patients.</p> <p>Cleanse and dress abrasions. Direct patients that need suturing to outpatient booths.</p> <p>Fracture patients directed to radiology for x-rays, then rehabilitation for casting.</p> <p>Direct hysterical patients to chapel.</p>	Disaster cart in ER, sphygmomanometers, stethoscopes, otoscopes, IV poles.

Area Responsibilities, Cont'd

<u>PERSONNEL</u>	<u>DUTIES</u>	<u>SUPPLIES</u>
<u>Initial Definitive Treatment - First Aid, Cont'd</u>		
RN or LPN	Assist with suturing in booths. Responsible for making assignments and functioning of area.	Suture sets.
Rehabilitation Personnel	One person assigned to direct patients to appropriate areas. Can assist in care as directed by charge person.	
Ward Clerk	Issue plastic bag for each patient's personal effects and label. Record treatment on labels as directed. If possible, make out requisition slips as directed.	Clipboard, notebook, x-ray requisitions, lab requisitions.

C. Life Threatening Injury or Illness

Charge Nurse (ER Nurse)	Dismiss all patients from ER if possible. Ask all visitors to leave area.	
Charge Nurse and Other Nurses Called by Nursing Service	Perform all emergency nursing functions for life threatening injuries Record treatment on disaster tags.	Disaster cart material.
Team Members, Ward Clerk, Messengers	Assist as directed by charge nurse; nursing care, obtaining supplies, operating radio. Directing patients for treatment. NOTE: Lab personnel will make out own requisitions.	

Area Responsibilities, Cont'd

<u>PERSONNEL</u>	<u>DUTIES</u>	<u>SUPPLIES</u>
<u>D. Treatment of Orthopedic Problems</u>		
Team Member From Fifth Floor	Obtain cast cart and report to rehabilitation. Stay to assist in treatment.	Cast cart from fifth floor.

SUPPLIES

- A. Initial disaster supply cart will be stored in the emergency department.
- B. Cast cart from fifth floor to rehabilitation, North Unit. Cast cart is located on second floor at South Unit.
- C. After initial phase of plan is over, all additional supplies should be obtained from various departments by messenger.
- D. C.S. will deliver a supply cart to the emergency area as soon as possible.
- E. Linen room will deliver linen cart to rehabilitation area.

Primary Cart - Supply Cart to Contain:

- | | |
|-------------------------------------|------------------------------------|
| 2 -- 1000 cc NaCl | 3 -- Tourniquets |
| 5 -- Surgical Venosets | 1 -- Box Preptic Swabs |
| 4 -- #19 Butterflies | 1 -- Tube Rolls 1" Silk Tape |
| 7 -- #18 Jelcos & #16 Jelcos | Airways: |
| 2 -- Lactate Ringers | 1 - Infant 1 - Child |
| 1 -- Box Toppers | 1 - Small Child 1 - Adult |
| 7 -- Box ABD's | |
| 7 -- Lister Packs | 1 -- Sack Rags |
| 7 -- 4" Ace Bandages | 6 -- 4" Kling |
| 4 -- Padded Tongue Blades | 1 -- Box Gauze 4x4 Sponges 10/pkg. |
| 1 -- Box Tongue Blades | Name Tags |
| 7 -- Boxes Kleenex | 1 -- Box Disaster Patient Tags |
| 6 -- Plastic Bags for emesis basins | |
| 1 -- 250 cc Phisoex | |
| 1 -- 250 cc Ioprep | |

Supplies, Cont'd

Secondary Cart - Supply Cart to Contain:

- | | | |
|------------------------------|------------------------|-----------|
| 2 -- Big Plastic Bags | 7 -- #19 Butterflies | |
| 1 -- Roll 1" Tape - Cotton | 7 -- #18 Jelcos | |
| 1 -- Box 4x4 Gauze Sponges | 5 -- Surgical Venosets | |
| 6 -- Lister Packs | 7 -- 4" Kling | |
| 7 -- 4" Ace Bandages | Airways: | |
| 1 -- Box Alcohol Swabs | 1 - Infant | 1 - Child |
| 1 -- Box ABD's | 1 - Small Child | 1 - Adult |
| 2 -- Tourniquets | | |
| 3 -- Box's Kleenex | | |
| 4 -- Padded Tongue Blades | | |
| 2 -- 1000 cc Lactate Ringers | | |
| 1 -- 250 cc PhisoHex | | |
| 1 -- 250 cc Ioprep | | |

Disaster Tags (kept on CS Disaster Cart)

- | | |
|----------------------------------|------------------------------|
| ID Tags: | 5 -- Clipboards |
| 10 -- Charge Nurse | 1 -- Notebook for Census |
| 15 -- Nurse | 1 -- Notebook for Dismissals |
| 20 -- Team Member | 2 -- Additional Notebooks |
| 10 -- Clerk | 5 -- Pens |
| 10 -- Admitting Clerk | |
| 20 -- Messenger/Stretcher Bearer | |

EMERGENCY DEPARTMENT

I. Notification of Disaster

- A. Verification of call - find out who is calling, their location, and type of disaster.
- B. Place call to administration and supervisor alerting them of impending disaster.
- C. Notify nurse manager (whether at home or on duty).

II. Preparing for Incoming Disaster Victims

- A. Dismiss all possible patients from the emergency department.

Emergency Department, Cont'd

- B. Tell visitors and families to leave the hospital.
- C. Get disaster cart and distribute supplies.
- D. Get disaster tags from clean-up room and place in triage areas.

III. Personnel Functions

- A. The RN on duty at the time of a disaster is the supervisor. She will make sure all areas of emergency department are being covered. This person will keep in touch with the triage areas at intervals. She will assess the need for more help and call the pool area to get assistance.
 - 1 RN and 1 LPN -- charge of triage waiting area
 - 1 RN and 1 LPN -- charge of triage area
 - 2 RN's -- circulating in trauma areas
 - 2 RN's -- circulating in bay areas
 - 1 RN -- charge of minor trauma
 - 1 RN -- charge of dismissal in classroom
- B. One RN and one LPN will be available at each cart for patient care from the units.
- C. The air radio will be operated by the emergency department clerk. She will log all incoming calls and give them to the carrier to relay information to triage areas.
- D. Ward clerk from unit will make phone calls as directed by supervisor.

IV. Traffic Flow

- A. Code Green - to be brought in through east door to family waiting room. A triage team of one RN and one clerk will respond to the family waiting area. The emergency department LPN will be in the supervisory capacity. He will help with assessment and securing supplies.
 - 1. He will be responsible to keep a record of what patients are admitted to the area and their disposition. Tell supervisor of emergency department of need for help from pool - number of patients.
- B. Code Yellow - to be brought to ambulance entrance for further triage and assessment. If further assessment shows the patient's status has changed to a green, transfer them to family waiting area. If they are now a Code Red, send to the emergency room. If they remain a Code Yellow, send to appropriate area.

Emergency Department, Cont'd

Minor trauma -- outpatient surgery
Hysterical -- chapel
Orthopedic -- to rehabilitation
Dismissal -- outpatient surgery

Two RN's, two LPN's and two clerks will respond to this area for triage and tagging. The RN's will be responsible for patient care and writing treatment and status on tags. The LPN's will function under the supervision of the RN's.

The emergency personnel who are to respond and be in charge are one LPN - RN. They will assist in patient care, obtain supplies, keep log on all patients and their tag numbers and their disposition. They will keep the emergency department supervisor informed of the number of patients admitted to the triage area and numbers of victims expected to come in yet.

- C. Code Red - these patients will be reassessed in triage area. If they remain a Code Red, they are sent to the emergency room. If they have changed to a yellow, depending on how many people are available and the bed space, they will be transported to appropriate areas or to the emergency room.
- D. Code Black - these patients will be attended to last. They probably will not live or are already dead.

They will be admitted to the emergency department as bed space becomes available. Those that are DOA will be tagged and sent directly to the morgue.

V. All Information and Status will be Documented on the Patient Tag

- A. When the disaster is finished, all information from areas will be collected by the emergency department supervisor and given to the house supervisor.
- B. All personnel of the department will stay to assist in clean-up and restocking.

VI. Coding System

- A. For identification purposes, the following coding system will be utilized:

Blue armbands for physicians
Red armbands for nursing personnel
Black armbands for x-ray
Yellow armbands for laboratory
Green armbands for emergency room clerks

The armbands will be kept in emergency department disaster supply box.

Emergency Department, Cont'd

Five Classifications for Disaster Triage

Red.....Class I Priority - Immediate

Victims whose chances of survival depend on immediate emergency care.

Yellow....Class II Priority - Delayed

Victims who need emergency care prior to transportation but whose survival is not dependent on immediate emergency care.

Green.....Class III Priority - Minimal

Victims who apparently require simple emergency care needs or those who appear uninjured and only require observation.

Black.....Class IV Priority - Critical

Victims with fatal injuries whose chances of survival are improbable even with ideal medical care.

Black.....Class V Priority - Deceased

The obviously deceased victim.

Admissions

A. Two admitting clerks will be stationed at the receiving area, one at the main ER ambulance entrance and one at the entrance for the walking wounded. They will:

1. Tag the patient.
2. Keep an accurate tally of patients entering.
3. Transfer to ER to assist when all the patients have arrived.

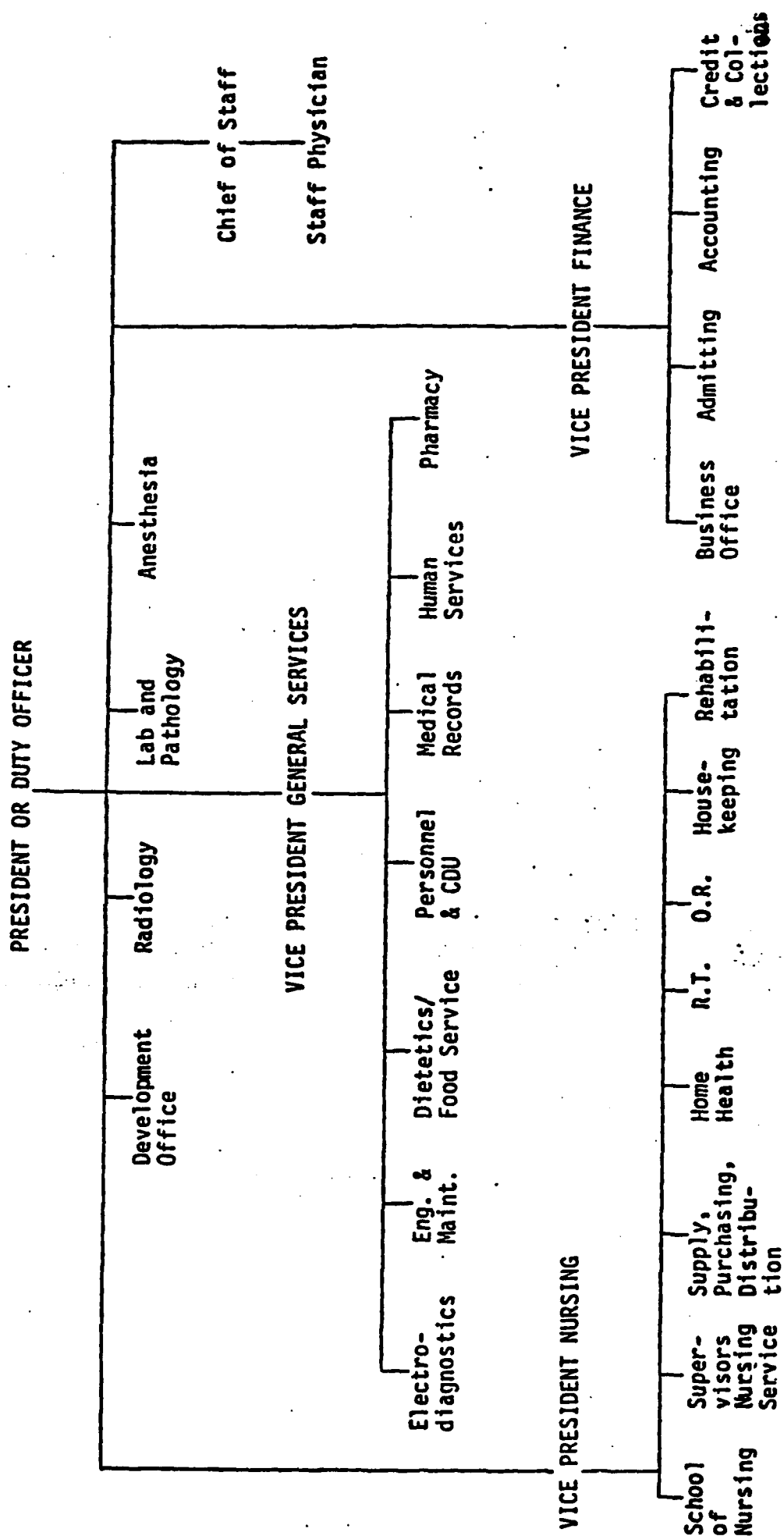
B. One admitting clerk will be stationed at the front desk to:

1. Answer all incoming phone calls.
2. Guide flow of traffic.

Emergency Department, Cont'd

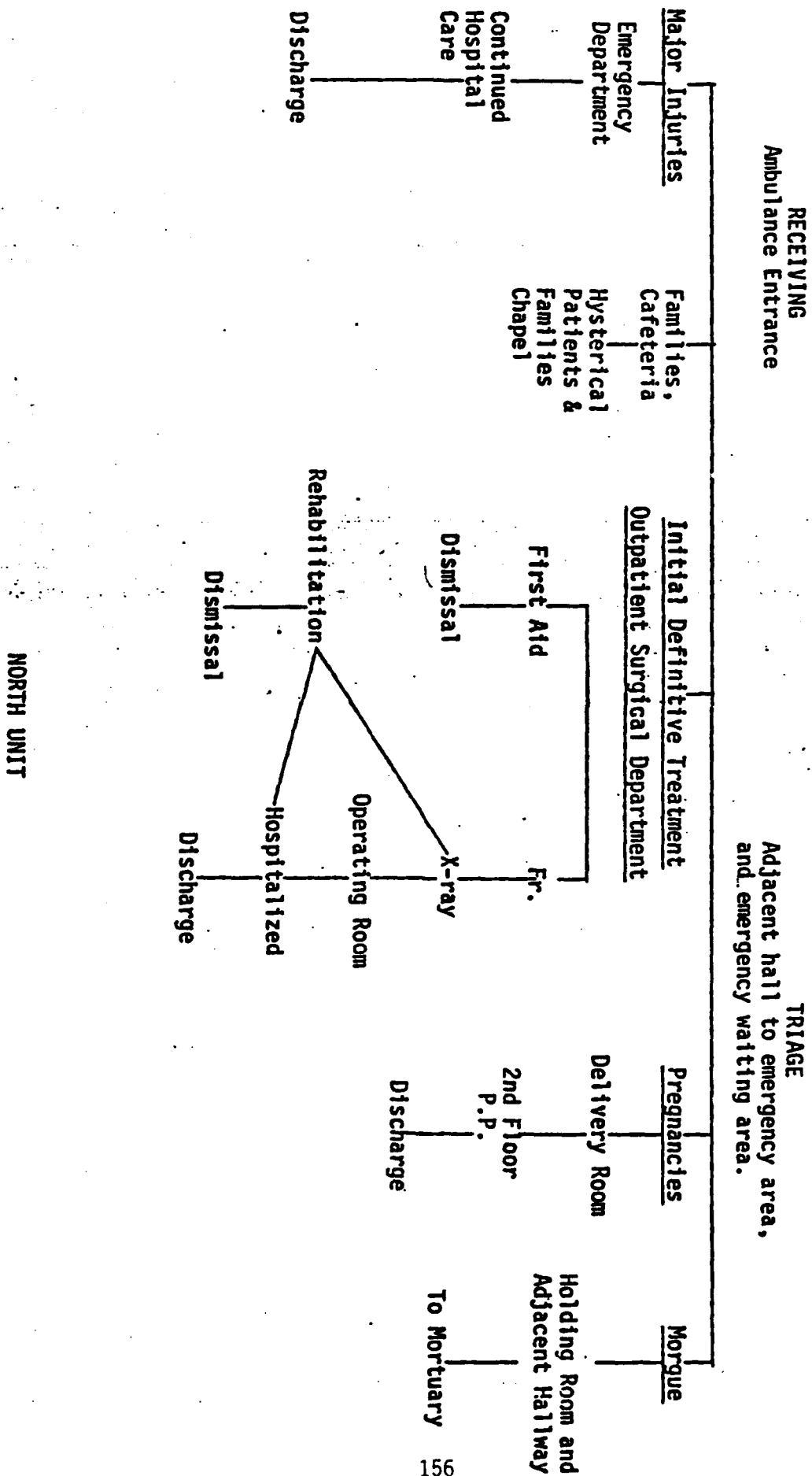
3. Reevaluate total count of victims by counting all white slips before being handed over to the runner (e.g., the white information slip will be picked up by a runner and taken to the information center - Scotts Bluff Room).
- C. The head clerk will station the remaining clerks available throughout the emergency room and other treatment areas. They will:
1. See that disaster tags are filled out to their best availability.
 2. See that the white information tag is sent to the clerk at the front desk.
 3. Assist nursing staff.
- D. After the patient has been triaged to another area and then dies, that department must get that information to the information center by messenger and the body sent to the morgue.

APPENDIX A
EXTERNAL MAJOR DISASTER ORGANIZATIONAL CHART



APPENDIX B

CASUALTY FLOW CHART - NORTH UNIT



APPENDIX C

SAMPLE - DISASTER TAG AND HOW TO FILL OUT

FOR MAXIMUM LEGIBILITY PLEASE PRINT ALL INFORMATION

13-1036 (271) RE-ORDER FROM

HART GRAPHICS, AUSTIN, TEXAS

DISASTER TAG

NAME LAST FIRST INITIAL
Doe Jane J

ADDRESS PHONE NO.
Box 3 Sueda Tech 374-2101

DATE TIME AGE SEX RELIGION TAG NUMBER
6/22/70 4:21 P.M. 33 F 100

NOTIFY IN CASE OF EMERGENCY RELATIONSHIP
[illegible]

ADDRESS PHONE NO.
[illegible]

TENTATIVE DIAGNOSIS
Hemo. [illegible]

ALLERGIC TO [illegible]

PRIORITY
☒ URGENT ☐ LESS URGENT ☐ LEAST URGENT

SURGERY
☐ MAJOR ☒ MINOR ☐ FIRST AID

WNGH HOSPITAL

DISPOSITION
ADMITTED TO ROOM 107 AMBULATORY
ADMITTED TO WARD
SHOCK WARD
SURGERY
HELD FOR RX
FOR X-RAY then
FOR TRANSFER

TRANSFERRED TO DATE TIME
X-Ray 6/22/ 1500 A.M.
DISCHARGED DIED 1/1 P.M.

ADMITTING DEPARTMENT

DO NOT DETACH TAG FROM PATIENT UNTIL INCORPORATED IN
PATIENT'S RECORDS. SEE OTHER SIDE FOR TREATMENT RECORD.

PATIENT'S RECORD

APPENDIX D

DISASTER SITUATION: PATIENT BED AVAILABILITY ON NURSING UNITS

Fill out and send one copy to admitting and one copy to the nursing service office upon notification of an impending disaster situation with an influx of patients.

1. Mark "X" by rooms immediately available.
2. Mark "O" by rooms that could be available by dismissal.
3. Indicate by each semi or ward room if female or male.

WARDS----	Room No. _____	Bed A _____	Bed B _____	Bed C _____	Bed D _____
	Room No. _____	Bed A _____	Bed B _____	Bed C _____	Bed D _____

SEMI-----	Room No. _____	Bed A _____	Bed B _____
PRIVATE	Room No. _____	Bed A _____	Bed B _____
ROOMS	Room No. _____	Bed A _____	Bed B _____
	Room No. _____	Bed A _____	Bed B _____
	Room No. _____	Bed A _____	Bed B _____
	Room No. _____	Bed A _____	Bed B _____
	Room No. _____	Bed A _____	Bed B _____
	Room No. _____	Bed A _____	Bed B _____
	Room No. _____	Bed A _____	Bed B _____
	Room No. _____	Bed A _____	Bed B _____

Private--	Room No. _____
Rooms	Room No. _____
	Room No. _____
	Room No. _____
	Room No. _____
	Room No. _____
	Room No. _____
	Room No. _____
	Room No. _____
	Room No. _____
	Room No. _____

SUMMARIZE:

Immediate Beds:	Male _____
	Female _____
	Private _____
Possible Beds:	Male _____
	Female _____
	Private _____

APPENDIX E
HOSPITAL EXTENSION NUMBERS FOR AREAS INDICATED IN PLAN

	<u>NORTH UNIT</u>	<u>SOUTH UNIT</u>
Pool - Personnel Office	332	
Pharmacy.	264	
Housekeeping.	228	218
Respiratory Therapy	338	339
Laboratory.	398	
Visitor and Relative Center	427	
Home Health	430	
Medical Records	194	
Business Office	380/381	
Maintenance & Engineering	439	440
Central Service	226/227	

Inhouse Pageboy Assignments

71-01 Administration	71-48 Nursing Service
71-24 Anesthetists	71-49 Nursing Service (Day Supervisors)
71-20 Bio Med/Electronics	71-53 Nursing Service (Orderly and Night Supervisor)
71-16 CDU, Director	71-08 OR Nurses
71-36 Chaplain	71-34 Pharmacy
71-02 Chaplain, Associate	16:00 till 24:00
71-14 EEG	71-43 Psychiatric Nurse
71-50 Escort Clerk	71-38 Purchasing Director 08:00 till 16:00
71-15 Home Health	Central Service 16:50 till 21:00
71-42 Housekeeping	71-21 Radiology
71-31 Laboratory Philbotomist 14:50 till 23:00	71-12 Radiologist Technician
71-32 Laboratory Philbotomist 05:00 till 14:50	71-09 Recovery Room Nurses
71-03 Maintenance	71-13 Respiratory Therapy
71-04 Maintenance, South	71-41 Security
	71-23 Surgery
	71-51 Van Driver

Cont'd

APPENDIX E, Cont'd
Power Fail Telephone System

<u>Extension Number</u>	<u>Private Telephone Line</u>	<u>Department</u>
210	635-3711	1st Peds, Nurses Station
220	635-3712	2nd North, Nurses Station
230	635-3713	3rd Floor, Nurses Station
240	635-3714	4th Floor, Nurses Station
250	635-3715	5th Floor, Nurses Station
467	635-3716	Administration, North
127	635-3717	Emergency Room
222	635-3718	1st Floor, North Wing, South
388	635-3719	Admitting, North
474	635-3710	CICU
479	635-3721	Administration, South
293	635-3722	Surgery, North

APPENDIX F
WEST NEBRASKA GENERAL HOSPITAL
MEDICAL STAFF DISASTER PLAN ASSIGNMENTS

The following physicians have been assigned to stations on the West Nebraska General Hospital Disaster Plan.

Todd S. Sorensen, M.D., and Scott Carpenter, M.D., will have the authority to review patients that are in the hospital and confer with attending physician as to which can be dismissed to make space for disaster victims.

<u>DISASTER STATION</u>	<u>PHYSICIANS</u>
Scene of Disaster.....	Clark, R. Dan, M.D. Landers, Allan C., M.D.
Triage..... (May be asked to go to site)	Durkin, Martin W., M.D. Forney, Glen A., M.D. Frank, Carl L., M.D. Goeschel, Dennis P., M.D. Harvey, Walter C., Jr., M.D. Imes, David C., M.D. Myers, Kent W., M.D. Quick, Gregory, M.D. Wiley, Stuart P., M.D.
Emergency Room.....	Emergency Physician Faaborg, Loren L., M.D. Fuhrman, Jerome A., M.D. Gentry, Donald M., M.D. Johnson, Milton R., M.D. Kleager, Louis E., M.D. Lawse, Dorothy E., M.D. Miles, Vincent N., M.D. Packard, William M., M.D. Rojas, Richard, M.D. Seiffert, William A., M.D. Shaffer, John C., M.D.
Rehabilitation..... Orthopedic	Barnwell, Robert B., M.D. Gentry, Harold E., M.D. Johnson, Alan K., M.D. Phillips, Paul H., M.D. Simpson, James J., M.D.
Surgery.....	Beehler, Ernest W., M.D. Engelbart, Richard H., M.D. Grubbs, Loran C., M.D. Hayhurst, James D., M.D. Johnson, Kenneth L., M.D. McCullough, Nancy J., M.D. Oba, Calvin M., M.D. Ropp, Wendell F., M.D. Schmitz, Gerhard W., M.D. Sell, David A., M.D. Van Newkirk, Ilylan, M.D.

Cont'd

Appendix F
West Nebraska General Hospital
Medical Staff Disaster Plan Assignments, Cont'd

<u>DISASTER STATION</u>	<u>PHYSICIANS</u>
Outpatient Minor Trauma.....	Baumgartner, J.C., M.D. Campbell, S. Douglas, M.D. Haney, Terry L., M.D. Rosenau, John A., M.D. Stratton, Lowell A., M.D. Swartz, Edward M., M.D.
Chapel: Hysterical Patients.....	Calkins, Robert C., M.D. Chesnut, Robert A., M.D. Hornby, Jack D., M.D. Nashelsky, Gunter M., M.D.
Labor Room Area: Pregnancies.....	Bussinger, Ernest K., M.D. Holdt, David, M.D. Keller, Daniel M., M.D.
Radiology.....	Heasty, Rogert G., M.D. Marsh, William R., M.D. Williams, John C., M.D. Sorensen, C. N., M.D.
Laboratory.....	Armstrong, A. A., Jr., M.D. Breslich, Diana J., M.D.
Morgue.....	Blevins, Ronald C., M.D. Singer, Donald A., M.D.

APPENDIX G

RELEASE OF INFORMATION CONCERNING DISASTER VICTIMS

A. Dismissal of In-house Patient

The head nurse, or her designee, should call the patient's family and inform them of the situation. Ask them to come to the hospital immediately and pick up the patient.

1. Name and (approx.) age.
2. Admitted or dismissed.
3. Condition (if available).

B. Information Center Personnel Need to:

1. Formulate code word which incoming families will be identified by.
2. Advise families where to come.
3. Advise family which entrance to use.

C. Admitted

Please wait until we call you back before coming to see your _____. This will give the nurses and physicians time to care for your family member. We are giving patient the best of care available at this time so please try not to worry. Name and phone number.

D. Dismissed

Your family member was a victim of the disaster that has occurred. The patient has been cared for by the Medical Staff and is ready for dismissal. Please wait until we call you back before coming in. Name and phone number.

E. Identification of DOA Victim

I am sorry. I find no one here by the name you have given me. Perhaps they are unconscious and have no identification. Would you be able to come in and help identify these people. I would suggest you bring a friend or family member with you.

APPENDIX H

RADIATION ACCIDENT CASES

Regional Office for Radiological Emergency Services

Regional:

Dr. Jerry Jacobson - Food and Drug - Kansas City - (816) 374-3817

Public Health:

Ellis Simmons - Local - Lincoln - (402) 471-2168

Nebraska EMS:

State Extension - 2168

PURPOSE: To provide safe handling of the patient with radiation exposure and to protect the environment.

IMPORTANT STEPS

The ambulance will notify the department that they are bringing a patient with radiation exposure.

Have survey meter in the department and ready for use.

Notify the hospital president.

Use decontamination shower.

On ambulance arrival the responding personnel should:

IMPORTANT STEPS

Check the patient on the stretcher for contamination with the survey meter.

If seriously injured, give emergency lifesaving assistance immediately.

THINGS TO REMEMBER

The emergency department will notify X-ray.

X-ray has two survey meters.

Will seek expert professional consultation for technical management.

Administration will notify:
University of Nebraska Radiation Dept.
Dr. Merton Quaife
(402) 559-5280

This department will assist in patient care until they can make arrangements for transfer.

Some hospitals use the morgue, since the autopsy table can be washed. Use the ER dock and unload patient directly into the decontamination shower. Reassure the family.

THINGS TO REMEMBER

Preferably as stretcher is removed from the ambulance

Cont'd

Appendix H, Cont'd
Radiation Accident Cases, Cont'd

IMPORTANT STEPS (cont'd)

Handle contaminated patient and wound as one would a surgical procedure.

If possible external contamination is involved, save all clothing and bedding from ambulance and all metal objects.

Decontamination should start, if medical status permits with cleansing and scrubbing the area of highest contamination first.

If the body as a whole is involved or clothing generally permeated by contaminated material, showering and scrubbing will be necessary.

Remeasure the record measurement after each washing or showering.

If wound is involved, prepare and cover the wound with self-adhering disposable surgical drape. Cleanse neighboring surfaces of skin. Seal off cleansed areas with self-adhering disposable surgical drapes. Remove wound covering and irrigate wound with sterile water.

Each step in the decontamination should be preceded and followed by monitoring and recording of the location and extent of contamination.

Save personnel's scrub or protective clothings as described for patients.

If the physician is confronted with a grossly contaminated wound with dirt particles and crushed tissue, should be prepared to do a preliminary simple wet debridement.

THINGS TO REMEMBER (cont'd)

Two pair of gloves, disposable coverall gown and mask. Wear a lead apron.

Label with name, body location, time and date. Save each in sack on box; mark "Radioactive - Do Not Discard." Leave in decontamination shower. X-ray Department takes over from here.

Initial cleansing should be done with soap and warm water.

Pay special attention to hair parts, body orifices and body fold areas.

May be washed down drain.

Personnel must follow the monitoring and decontamination routine as the patient.

Further measures may necessitate sophisticated wound counting detection instruments supplied by the consultant, who will advise if further definitive debridement is necessary.

APPENDIX I

UNIT SECRETARY

The unit secretary will no longer respond to the emergency room in case of an external disaster. The unit secretaries are to remain on the floor, unless further assistance is needed in the emergency department. You will then be asked to report to the head clerk in the emergency department for further instructions.

Please feel free to express your concerns if you feel at anytime you are unable to handle stressful situations in the emergency department. No one will be forced into a situation they cannot handle. This would be more of a hindrance than help, so please don't put yourself in this position.

If you are called to the emergency department and feel comfortable helping, the following should be noted.

1. Report to the head clerk for instructions on where you will be stationed.
2. Get and wear a green armband. This identifies you as clerical personnel.
3. Fill out disaster cards to the best of your ability and return yellow sheet to the clerk at the front desk.
4. Be prepared to assist the emergency clerk in the area that you are assigned to.
5. You may also be asked to assist in filling out x-ray requisitions, lab slips, and helping the nursing staff and doctors.

Your cooperation in this matter is of great importance. Please read your manual so you will understand how the hospital functions as a whole.

KIMBALL COUNTY MANOR

TORNADO PRECAUTIONS

I. Tornado Watch

A. Activities at this time:

1. Observe weather conditions and listen to KIMB Radio or TV Channel 10 (5), Scottsbluff.
2. Close drapes with windows left open slightly.
3. Determine which residents can be moved ambulatory, ones needing wheelchairs, and those needing evacuation carries, etc.
4. Civil Defense or police will call nursing home and administrator and Director of Nurses if tornado warning for Manor. (But don't wait for call if warning given for "town of Kimball" on Radio, TV, or if the sirens are on for 5-8 minutes.)

Tornado Warning

A. Activities at this time:

1. Shut down all equipment, especially kitchen.
2. Charge nurse assign personnel (on duty & volunteers) to areas.
3. Move all residents and visitors to designated hallways:
 - a. South Wing: Hall from south fire doors to north fire doors (by treatment room.)
 - b. West Wing: Hall between west and east fire doors.
 - c. Do not place anyone directly beside fire doors with windows.
4. Place all ambulatory residents in hall on floor with pillows to cover heads.
5. Place wheel chair residents in halls with wheelchairs locked and pillows for heads.
6. Place all bed patients on floor along walls with pillow over head and blanket over body.
7. If bed patients must stay in bed - can't be moved to hall, or not enough time, move bed to inside wall with head to inside corner, cover patient with mattress from another bed, if possible, or cover with blanket and pillow over head.
8. Place all visitors in designated hallways with their relatives if possible.
9. Close all room doors into hallway and fire doors.
10. All personnel to stay in same designated hallways - must stay with residents.
11. If after dark, obtain flashlights for as many personnel as possible. Be sure some are in each designated area.
12. Battery radio to be available in at least one designated area.
13. Do not move residents back to room until an official "All Clear" has been given by Civil Defense. Listen to radio for instructions and "All Clear", then return to normal routine.

In Case of Storm Damage

A. Activities at this time: (After "all Clear")

1. Determine areas and extent of damage and notify the administrator and Director of Nurses. Do not leave residents unattended.
2. Reassemble residents in safe area.
3. Determine injuries: those which can be taken care of here, those requiring transfer, etc. Give necessary First Aid.
4. Civil Defense will be available as soon as possible for assistance in communications, transfers or evacuations. (Identify residents: write on arm or clothing with a pen where it is easily visible.)
5. Attend to residents' needs and try to establish a calm routine as soon as possible.
6. ALL PERSONNEL: know the location of these key valves and switches: (To be turned off if indicated by damage or if directed by Civil Defense or Firemen.)

TORNADO PRECAUTIONS

PAGE 2

- a. Sprinkler System: main boiler room just inside door (hallway entrance) to right (west), large red wheel - turn off (shuts off water to system)
- b. Master Electrical Switch: in main boiler room, large gray electrical box on east wall, pull down large handle on south side of box - will shut off all electricity. Emergency generator should come on (controls for emergency generator in green box above the gray main electrical box)
- c. Main Water Valve: southwest area of main boiler room, turn off all 3 large blue wheels on west side of room.
- d. Main Gas Valve: outside east service door to the north, valve at ground level, will need large crescent wrench to turn off.

Volunteer Call List

- A. A list of employees who have volunteered to come in to assist in moving residents between 9 p.m. and 5 a.m. has been established.
- B. The Administrator and Director of Nurses will call these people to come in. (List attached.)

KIMBALL COUNTY MANOR

EVACUATION PLAN

Evacuation of resident's will be on order of fire department only!

Mary Lynch School - located directly east and north of the Manor is the area which residents will be evacuated.

To Open School:

Mr. Pattison - Principal
Office - 235-4696 or 235-3005
Home - 235-2147

Mr. Max Hensley - Superintendent of Schools
Office - 235-2188
Home - 235-4053

Police 911

Transportation for residents will be provided by Civil Defense.
Dan Jensen, Civil Defense Director - 235-4206
SPECIAL NUMBER, DAY OR NIGHT 235-3332

SCOTTSBLUFF VILLA
INTERNAL DISASTER

SPECIFIC ASSIGNMENTS AND INFORMATION

ADMINISTRATOR (OR ALTERNATE)

1. Will be notified by telephone of the location.
2. Will go directly to the affected area.
3. Make decisions and give orders.
 - a. Coordinate activities with fire ground commander.
4. Give orders for evacuation if necessary.
5. Keep other departments informed of the progress of the emergency to enable them to make proper preparation and to assure residents and visitors.
6. Dispatch employees to areas as needed.
7. Alert Hospital if conditions warrant.
8. Have pre-arranged transportation facilities for transfer of residents and supplies.
9. Release information to employees and the public.
10. Responsible for determining when the emergency is ended and shall give the order "Doctor Red Emergency Ended".

HOUSE SUPERVISOR (OR ALTERNATE)

1. Generally supervise and assign the nursing staff.
2. Request help as needed.
3. Assume the Administrator/Alternate responsibilities in his absence.

CHARGE NURSES AND/OR SUPERVISORS

1. Report to your duty station immediately.
2. See that all corridor and room doors are closed.
3. Send all available staff to fire area.
4. Keep someone at the telephone for instructions.
5. Have knowledge of location of all equipment and explosives in immediate area -- take the necessary precautions.

Specific Assignments and Information, Cont'd

Supervisors, Cont'd

6. Keep list of residents convenient and see that all are accounted for.
7. Check exits to make sure they are clear.
8. Insist visitors to leave the Facility. If visitor insists on staying, ask them to remain in the room or to give assistance if needed. Notify fire ground commander of their location.
9. In case of evacuation, accompany patients to a given spot for all patients.
10. Supervise and attend to residents who may be moved into your area for safety.

DIETARY DEPARTMENT

1. Turn off all electrical equipment, fans, etc.
2. Remain at your duty station for instructions and prepare to evacuate.
3. Assist as otherwise directed.

DIRECTOR OF PLANT OPERATIONS

1. Make immediate decision on continued operation of boilers, steam, and other equipment.
2. Go to fire area, and see that correct equipment is available.
3. Make certain that emergency power is always available.
4. Assist as otherwise directed.

HOUSEKEEPING AND LAUNDRY DEPARTMENTS

1. Be prepared to help in moving of residents.
2. Be prepared to get blankets, robes, and other supplies if needed.
3. Assist as otherwise directed.

MEDICAL RECORDS

1. Be prepared to remove charts, kardex, etc. from affected area.

OFFICE PERSONNEL

1. Assist the switchboard in providing communication service.

Specific Assignments and Information, Cont'd

Office Personnel, Cont'd

2. Assist in the control of visitors.
3. Be prepared to remove all cash, valuables, and all necessary resident records along with all accounts receivable.
4. Assist as otherwise directed.

VOLUNTEERS

1. Report to duty station and await instructions.

SPECIFIC EVACUATION PROCEDURE AND ROUTING ARE FOUND ON THE FOLLOWING TWO PAGES

EVACUATION PROCEDURE

Evacuation of residents is a serious and trouble laden procedure. It is, therefore, necessary that the administration and all personnel do everything possible now, to protect against all fire hazards to the point where evacuation will rarely, if ever, become necessary.

The extent of the fire and the measures taken to control it will enable the fire department and administration to determine the plan to follow. Plans of evacuation are:

Partial Evacuation -- The moving of Residents to a safe area on the floor.

General Evacuation -- The moving of residents entirely from the building.

A call to the Community Red Cross Disaster Team will provide assistance for our residents and transportation to shelter areas. Call 436-6666 Sheriff Office.

Evacuation orders will be given by the Administrator, the fire department, or the alternate in charge.

The order of evacuation will be determined by the resident's condition, and will generally be as follows:

1. Ambulatory -- Gather them into a group, appoint a helper to lead them to a safe area of the floor (toward an exit). If they must leave the floor, the leader must be directed where to take them. (Never leave these patients without guidance).
2. Wheelchair -- can be wheeled to safe area on the floor and Residents left under the supervision of staff as designated.
3. Helpless -- Intermediate danger; should be moved to the nearest and Bedfast safe area bed and hall if necessary, otherwise a Residents wheelchair, stretcher or 2-man carry may be used.
4. The Nurse -- in charge will make sure that all patients are accounted for and will account for patient records.

EVACUATION ROUTES

Because of the possibility of exposure or other ill effects residents should not be evacuated to the out of doors if another choice is feasible. Smoke is a killer - select a clear area.

Step 1 Evacuation -- would be to the first smoke free or safe area beyond a set of closed fire doors. Outside and back into another section of building if route in halls blocked.

Step 2 Evacuation -- would be to another wing or thru several sets of fire doors.

Step 3 Evacuation -- would be outside the facility and to alternate shelters.

Alternate shelters are designated as South Unit WNGH, North Unit WNGH, and the Junior High School.

T O R N A D O W A R N I N G A L E R T

IN THE EVENT OF A TORNADO SITUATION IN OUR AREA AND THE POSSIBILITY OF SCOTTSBLUFF VILLA BEING IN THE PATH, IT IS NECESSARY THAT WE BE PREPARED TO IMPLEMENT THE REQUIRED FUNCTIONS FOR THE SAFETY OF ALL PATIENTS, VISITORS AND EMPLOYEES.

TORNADO WATCH

Means that tornados are expected to develop in the area.

TORNADO WARNING

Means that a tornado has actually been spotted in the area.

A TORNADO ALERT WOULD POSSIBLY REQUIRE THE EVACUATION OF PATIENTS AND VISITORS TO A SAFE AREA (CORRIDORS, BATHROOMS OR COMPLETE EVACUATION).

TORNADO WARNING SIGNAL

Straight blast of the City Fire Siren. Scottsbluff Police Department to notify Scottsbluff Villa of the warning.

SCOTTSBLUFF VILLA CODE FOR FULL-ALERT -- "EMERGENCY FULL-ALERT" - TORNADO

- A. The Administrator or alternate will make the decision and will notify the intercom operator to announce "EMERGENCY FULL ALERT" three times over the paging system.
- B. During a Full Alert, remain calm, reassure patients and if visitors remain, ask them to assist. Begin the evacuation of patients to corridor and close patient room doors and protect the patient from flying glass and other debris. Bedfast patients may be shielded by heavy blankets, etc. Be aware of location of all residents' in facility.
- C. If the situation is such that complete evacuation is necessary, the Administrator or alternate will give the order. In this situation, the same procedure will be followed as in the Emergency Fire Plan.

Ambulatory residents directed to bathrooms and tub rooms.

Bedfast residents should be moved to hall - leave one-half corridor open for evacuation.

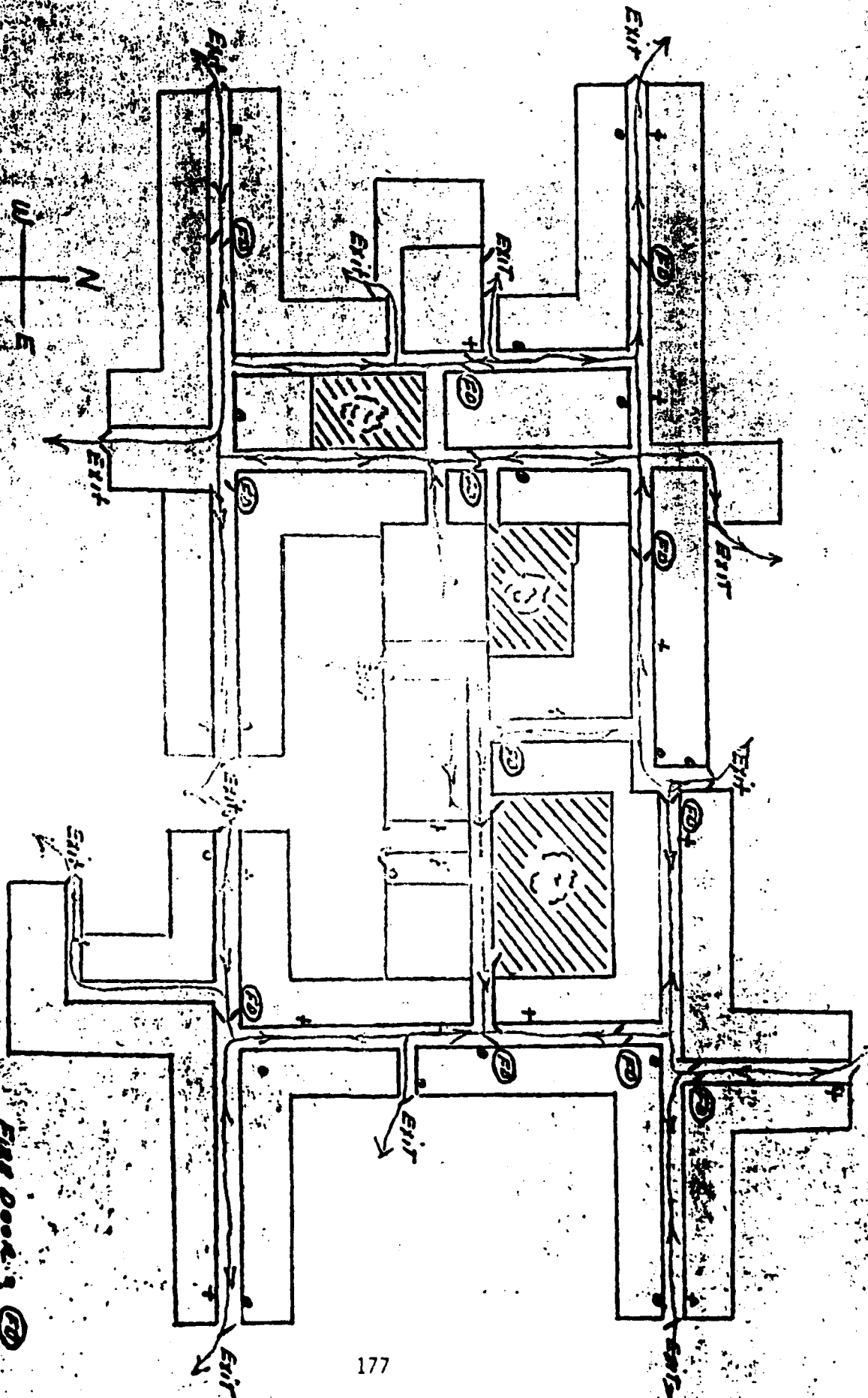
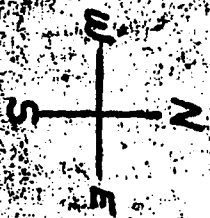
ALL CLEAR CODE IS -- "ALL CLEAR"

This is given by the Administrator or alternate and the announcement is made by the switchboard operator.

BOMB THREAT PROCEDURE

1. Remain Calm -- Get as much information from threat caller and write as much as possible, i.e., location and time bomb set.
2. DO NOT HANG UP THE PHONE -- Leave phone off hook (even if caller hangs up) and use another phone to call Police 632-7176 with the information you received. Administrator or Alternate and follow Bomb Threat Procedure. (Appendix 2)

9-4



BOMB THREAT AND NUCLEAR ATTACK

Nuclear Attack

On case of Nuclear Attack use the same procedure as for a Tornado. Make sure that all residents are completely covered for the reason of the initial blast and blinding light.

If there is sufficient time given so that residents may be moved from the building, they may be transferred to an approved Shelter area. A call to Civil Defense and the National Guard will give Scottsbluff Villa assistance in moving our residents.

Bomb Threat

When a Bomb Threat is received, immediately call the police. Have the personnel prepare to evacuate the building. Coordinate the evacuation through joint effort of the police department. All department heads stand by to assist the police in checking the building.

All the rest of the staff is to remain with residents outside the building. Other personnel from Dietary, Housekeeping, Laundry, Maintenance will assist the Nursing Department in care of residents, outside the building, until an all clear is given by the police.

If an all clear cannot be obtained we will have to move the residents to agreed places such as the hospitals, motels, etc.

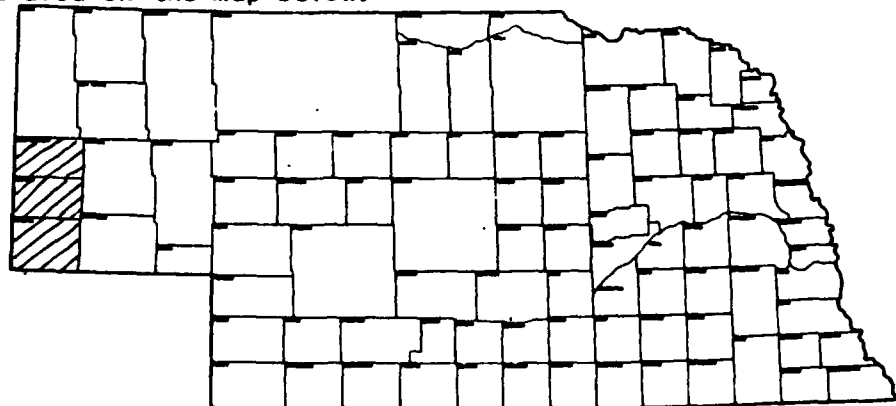
EDUCATION STUDY

EDUCATION

A third portion of the Human Services, Health and Education study completed for Banner, Kimball and Scotts Bluff Counties in Nebraska is the Education Study.

Purpose and Introduction

The purpose of this study is to determine the adequacy of the existing school systems in the three county area and to determine the ability of the schools to handle an immigration of students due to MX related activities. The focus of this study is primarily on Kimball County. Earlier Air Force studies have projected that Kimball County School Districts will have an increase in costs due to MX-related student population. Scotts Bluff County is also expected to receive MX-related student population but due to the size of the school systems involved, Scottsbluff and Gering, there should be little cost or adjustment in absorbing the new students. Banner County, on the other hand, is not projected to receive any MX-related immigration, therefore the school district will not suffer an increase in costs due to MX-related student population. In order to provide some background for the area the population of the counties involved in the study are as follows: (according to the 1980 census) Banner County, 918; Kimball County, 4,882; and Scotts Bluff County 38,344. The geographic location of the three counties can be identified by the shaded area on the map below.



Below is a table showing the county population figures for school age children and young adults between the ages of 5 and 19.

TABLE 1: POPULATION BY AGE AND COUNTY

<u>County</u>	<u>Total Co. Pop.</u>	<u>Years of Age</u>			<u>Total</u>	<u>% of Total County Pop</u>
		<u>5 -9</u>	<u>10 - 14</u>	<u>15 - 19</u>		
Banner	918	68	70	83	221	24%
Kimball	4882	375	376	472	1223	25%
Scotts Bluff	38344	3132	3052	3479	9663	25%

*Source: 1980 Census.

There are 42 schools in the three county area. This number includes smaller rural schools as well as urban public and private schools. Nebraska schools are divided into six classes of districts. These districts are defined by the Nebraska Department of Education as follows:

- Class I - Includes any school district that maintains only elementary grades under the direction of a single school board.
- Class II - Includes any school district embracing territory having a population of 1,000 inhabitants or less that maintains both elementary and high school grades under the direction of a single school board.
- Class III - Includes any school district embracing territory having a population of more than 1,000 and less than 100,000 inhabitants that maintains both elementary and high school grades under the direction of a single school board.
- Class IV - Includes any school district embracing territory having a population of 100,000 or more and less than 200,000 inhabitants that maintains both elementary and high school grades under the direction of a single school board.
- Class V - Includes any school district embracing territory having a population of 200,000 or more that maintains both elementary grades and high school grades under the direction of a single school board.

Class VI - Includes any school district that maintains only a high school.

The table below lists the schools in the three county area and their class ranking.

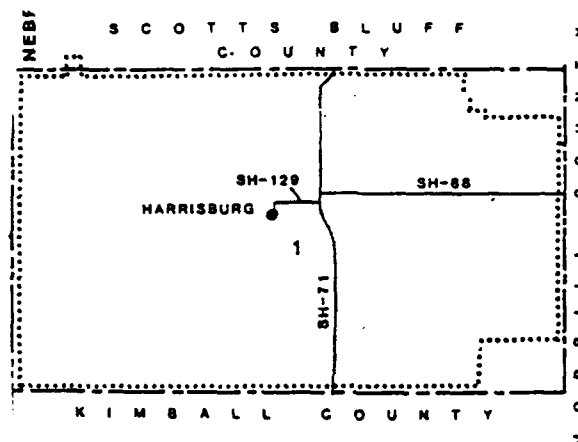
TABLE 2: AREA SCHOOLS, CLASS RANKING

<u>School</u>	<u>Grade</u>	<u>Class</u>
Banner County		
Harrisburg Public	K-12	III
Kimball County		
Dix Public	K-12	II
Kimball Public,		
Elementary & Jr. High	K-8	I
Kimball Co. High School	9-12	VI
District 6-B	K-6	I
Scotts Bluff County		
Minatare Public	K-12	III
Mitchell Public	K-12	III
Lyman Public	K-12	III
Melbeta Public	K-12	II
Morrill Public	K-12	III
District #5	K-8	I
District #7	K-8	I
District #8	K-8	I
District #13	K-8	I
District #20	K-8	I
District #34	K-8	I
District #47	K-8	I
District #60	K-8	I
District #64	K-8	I
District #65	K-8	I
District #83	K-8	I
Gering Public	K-12	III
Scottsbluff Public	K-12	III

The three county area has a total student enrollment (excluding post-secondary) of 8,848. The county breakdown of enrollment figures is as follows: Banner County, 204; Kimball County, 933; Scotts Bluff County, 7711.

Banner County Schools: Background

There is one school district in Banner County, Harrisburg Public School. Harrisburg is a Class III district and can be seen on the map below. Overall, there was a 10-year enrollment decrease of 10.5 percent, a 5-year enrollment decrease of 6.5 percent, and a 1-year enrollment of decrease of 0.5 percent (representing the net loss of 1 student).



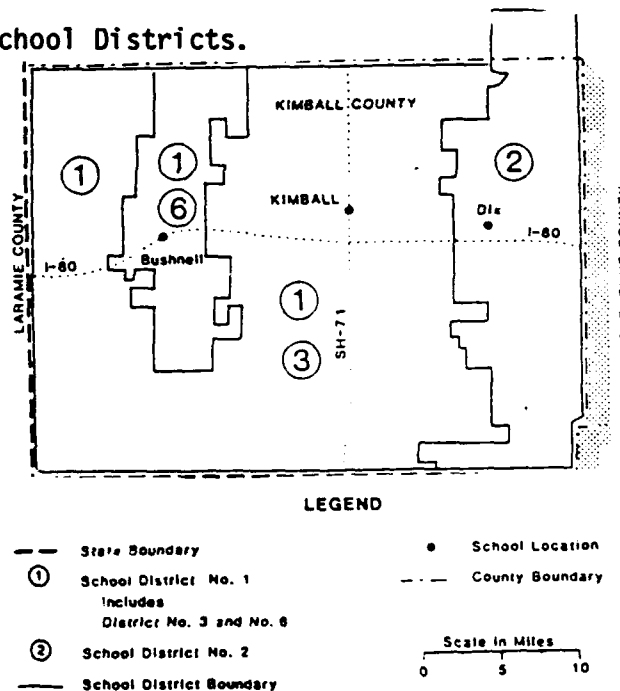
LEGEND
1 SCHOOL DISTRICT
NUMBER
---- SCHOOL DISTRICT
BOUNDARY
● SCHOOL LOCATION

The steady decrease has been due to the trends in farming operations. With advanced technology and large machinery, farmers and ranchers are not hiring as many "hired hands" who would have brought their families to Banner County.

In the 1982-83 school year there were 15 children who were diagnosed as handicapped in Banner County. These students received at least 3 hours or more a week of special education instruction. This special education was contracted from the regional Educational Service Unit (ESU) in Scottsbluff.

Kimball County Schools: Background

Enrollments in Kimball County public schools have declined from 1,608 to 977 over the period 1973 through 1982. The following enrollment changes have occurred: 32.1 percent decrease for elementary, a 50 percent decrease for junior high, a 44 percent decrease for high school, and a 39.2 percent decrease overall. This compares with a 5-year, 17.1 percent decrease overall, and a 1-year, 2.2 percent decrease for county schools overall. The declining enrollment is explained both by a declining birthrate and the out-migration of population following the completion of Minuteman III in the early 1970s and also following the petroleum production boom in the past five years. Below is a map of the Kimball County School Districts.



In general, the condition of school facilities ranges from good to excellent. There is a surplus of capacity in Kimball County Schools including a building with eight classrooms that is currently being used for storage. According to the Peacekeeper Ballistic Missile System Fiscal Analysis report, Kimball County Schools had a total of 117 school buses. Through contact with school officials, it has been determined

there are only five school buses and four vans belonging to Kimball County Schools. These vehicles are routinely maintained and replaced when needed.

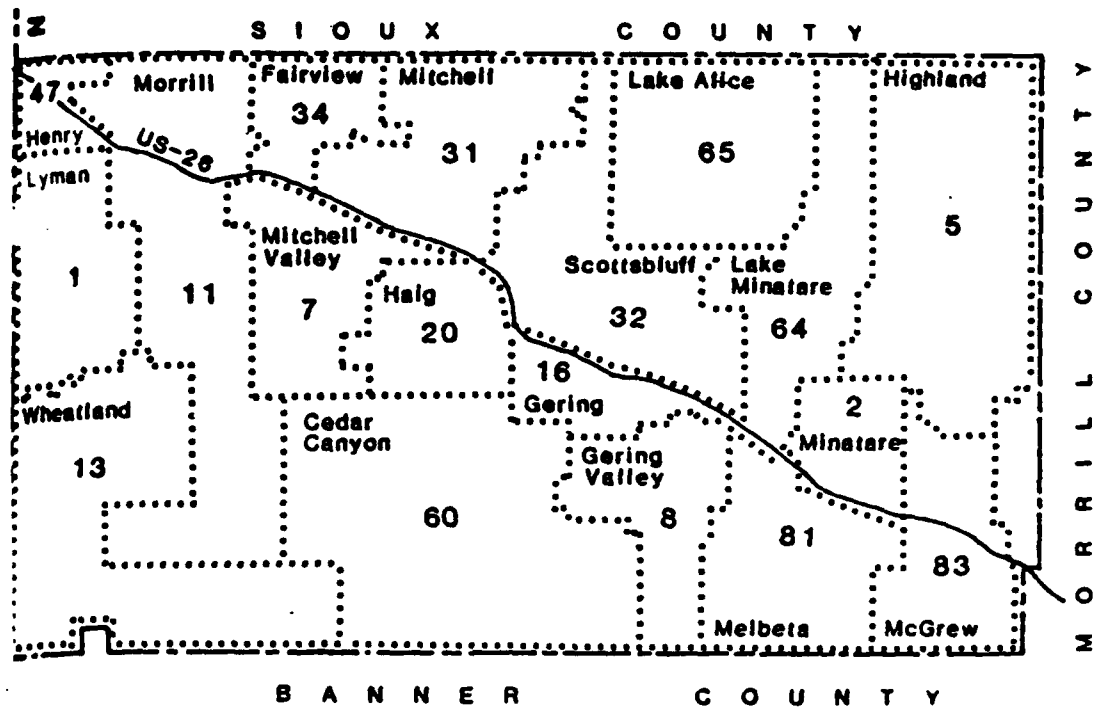
In Kimball County there were 82 children diagnosed as handicapped in 1982. These students generally received at least three hours of special education a week, some of which was contracted from the regional Educational Service Unit (ESU) at Scottsbluff. In 1977 federal legislation P.L. 94-142 required a special education student to be enrolled in the least restrictive environment. Attempts have been made to mainstream the students into regular classrooms as much as possible.

Kimball public schools offer a gifted program in line with the State's policy to encourage enrichment programs. At the elementary level, students are tested and offered in-class enrichment opportunities. At the high school level, a student can apply for independent study through a staff sponsor with final approval by the principal. Examples of such projects are developing computer programs in Fortran and Pascal, building a horse trailer and earning a pilot's license. Data on the number of children involved in gifted programs in the area is unavailable at the present time.

Student MX-related population in Kimball County is projected to be 21 students in 1988 and 79 students in 1989. Additional classroom space should not be needed for these students.

Scotts Bluff County Schools: Background

Scotts Bluff County is comprised of 18 school districts. Of the 18, 11 are Class I schools, 1 Class II school, and 6 Class III schools. The districts are shown on the map on the following page.



Background statistics include a decrease in enrollment from fall 1973 to fall 1982 of 11.4 percent for elementary, 18.5 percent for junior high, a 15.1 percent for high school, and a 13.7 percent decrease overall. This compares with a 5-year overall decrease of 11.0 percent and a 1-year decrease of 2.5 percent. The declining enrollment pattern is attributed to the declining birth rate and smaller family size.

In Scotts Bluff County there were a total of 786 children diagnosed as handicapped in 1982. Of these, 273 had a specific learning disability, 307 had speech handicaps, 101 were diagnosed as educable mentally handicapped, and 105 had other handicaps. Attempts have been made to mainstream the students as much as possible.

Gifted student programs are offered in some of the districts in Scotts Bluff County. Enrichment programs are encouraged in Nebraska, but are a function of the school district and interest of the teachers.

There are three non-public schools in the county. They are: St. Agnes Academy (K-6), Valley View Seven Day Adventist Elementary (1-8), and Berean Fundamental (K-8).

The school facilities in Scotts Bluff County range from fair to excellent condition. In most districts there is a maintenance schedule and repairs are made on a routine basis. According to the Final Jurisdictional Environmental Planning Technical Report, Scotts Bluff county has a total of 269 school buses. This was found to be false. A records check at the Nebraska Department of Motor Vehicles has revealed 23 school buses and 37 other vehicles registered with school license plates for Scotts Bluff County. These vehicles are maintained routinely and replaced periodically.

In Scotts Bluff County, 24 MX-related enrollments are projected for 1987, 79 in 1988 and 56 MX-related enrollments are projected for 1989.

Survey Results

A survey of area school districts was completed this summer. One goal of this survey was to establish a quantitative baseline of education in the area by assessing the physical conditions and current student/teacher ratios. A second goal was to determine whether there is a need for mitigation beyond the Air Force's suggestions. Information to achieve these goals was gathered from local education officials through a questionnaire. A copy of the questionnaire used in this study is included in Appendix A at the end of this report. Below is a list of those responding to the questionnaire.

TABLE 3: SURVEY DISTRIBUTION LIST
SCHOOLS: BANNER, KIMBALL AND SCOTTS BLUFF COUNTIES

<u>School</u>	<u>Address</u>	<u>Superintendent</u>
<u>Banner County</u> Harrisburg Public	Harrisburg, NE 69345	Frank L. Madison
<u>Kimball County</u> Dix Public	Box 125, Dix, NE 69133	W. D. Brawner
Kimball Public & Kimball County High School	901 So. Nadine St. Kimball, NE 69145	Dr. Max L. Hensley
<u>Scotts Bluff County</u> Berean Christian School	511 W. 14th, Scottsbluff, NE 69361	Verne Anderson Head Teacher
Scotts Bluff County Dist. #s: 5,7,8,13,20,34, 47,60,64,65,83	Administration Building Gering, NE 69341	William D. Zitterkopf
Scottsbluff Public	2601 Broadway Scottsbluff, NE 69361	James Brisson
Gering Public	1800 8th, Gering 69341	Harold Koch
Lyman Public	Lyman, NE 69352	Dallas Lee
Melbeta Public	Melbeta, NE 69355	Darrell DeLong
Minatare Public	Box 425, Minatare Ne, 69356	R.A. Zitterkopf
Mitchell Public	1819 19th Ave. Mitchell, NE 69357	Verne Lewellen
Morrill Public	Morrill, NE 69358	Robert Waite
St. Agnes Elementary School	205 E. 23rd Scottsbluff, NE 69361	Head Teacher
Valley View	RR 2, Scottsbluff, NE 69361	Head Teacher

Table 4 lists the data on individual school's student capacities, facility condition, Full-Time-Employment staffing levels, and the projected level of impact due to MX related activities.

TABLE 4: EDUCATION SURVEY RESULTS

	Eff. Const.		Repair	Staffing F.T.E.		Impact
	Grade	Cap. Date		Condition	1983-84	
<u>Scotts Bluff County Schools</u>						
<u>Minatare Public</u>						
Elementary	K-6	NR*	NR	NR	9	Mild
High School	7-12	NR	NR	Routine	16	Mild
<u>Mitchell Public</u>						
Elementary	K-6	500	1950	Excellent	20	Mild
Secondary	7-12	500	1917 & 1976	Excellent	25.3	Mild
Lyman Public	K-12	300	NR	Good	16	Mild - None
Melbeta Public	K-12	125	1920	Good	15	Mild
<u>Morrill Public</u>						
Elementary	K-6	350	1960	Excellent	14.85	None
High School	7-12	350	1980	Excellent	19.5	None
Berean Christian	Pre-8	300	1920 & 1950	Good	4	Mild
St. Agnes Acad.	K-6	NR	NR	NR	7	NR
Valley View	1-9	NR	NR	NR	3	NR
<u>Scotts Bluff County</u>						
Dist. #						
5 Highland	K-8	60	NR	Good	NR	Mild
7 Mitchell Valley	K-8	40	NR	Good	NR	Mild
8 Gering Valley	K-8	60	1952	Good	NR	Mild
13 Wheatland	K-8	50	NR	Excellent	NR	Mild
20 Haig	K-8	60	NR	Good	NR	Mild
34 Fairview	K-8	50	NR	Fair	NR	Mild
47 Henry	K-8	50	NR	Fair	NR	Mild
60 Cedar Canyon	K-8	75	NR	Good	NR	Mild
64 Lake Minatare	K-8	75	NR	Good	NR	Mild
65 Lake Alice	K-8	75	NR	Good	NR	Mild
83 McGrew	K-8	60	NR	Fair	NR	Mild

*NR - No Report

TABLE 4 (CONTINUED): EDUCATION SURVEY RESULTS

	Grade	Eff. Cap.	Const. Date	Condition	Repair	Staffing 1983-84	F.T.E. 1984-85	Impact
Gering Public								
Senior High	10-12	650	1965	Excellent	Routine	32	32	None
Junior High	7-9	650	1961	Excellent	Routine	32.07	32.5	None
Northfield Elem.	K-6	350	1970	Excellent	Routine	20.1	20.1	None
Geil Elementary	K-6	350	1976	Excellent	Routine	18.85	18.85	None
McKinley Elem.	K-6	325	1923	Good	Routine	16.75	16.75	None
Lincoln Elem.	K-6	325	1923	Good	Routine	18	18	None
Scottsbluff Public								
Senior High	10-12	1000	1962	Excellent	Routine	45.5	45.5	Mild
Junior High	7-9	1000	1949	Being Remodeled		44	44	Mild
Lincoln Heights	K-6	325	1927	Good	Routine	17.5	17.5	Mild
Longfellow Elem.	K-6	450	1962	Good	Routine	20	20	Mild
Roosevelt Elem.	K-6	450	1939	Good	Routine	21	21	Mild
Westmoor Elem.	K-6	500	1960	Excellent	Routine	20	20	Mild
Banner County								
Harrisburg Public	K-12	325	1957	Good	Routine	20	20	Mild
Kimball County Schools								
Dix								
Elementary	K-6	130	1959	Excellent	Routine	7	7	None
High School	7-12	130	1920	Fair	Routine	7	8	None
Kimball Public								
West Elementary	K-1	200	1953	Good	Routine	13.38	13.38	Mild
Mary Lynch	2-5	400	1956	Good	Routine	15.56	15.56	Mild
Junior High	6-8	400	1922	Good	Routine	11.47	11.47	Mild
Kimball County								
High School	9-12	500	1976	Good	Routine	10.64	10.64	Mild
District 6-B								

Most of the schools reported building conditions of "excellent" and "good". Those schools reporting "fair" were some of the Scotts Bluff County rural schools. However, MX related immigration to these rural areas is projected to be minimal at best. Overall, the condition of the facilities is good. In addition, the staffing levels in most of the schools appear adequate as well.

The Air Force has projected an increase in students in Kimball county for 1988 and 1989 of 21 and 79 respectively. Total enrollment baseline projections for Kimball County for 1988 and 1989 also show an increase as well. Taking these facts into account the Air Force has suggested staff increases of 2 F.T.E.s for 1988 and 4 F.T.E.s for 1989. In the case of Scotts Bluff County, the Air Force has projected student increases due to MX related activities for the years 1987, 1988 and 1989. The student increases are expected to be 24 in 1987, 79 in 1988 and 56 in 1989. The immigration into Scotts Bluff County is expected to be concentrated in the Scottsbluff-Gering area and not in the more rural areas of the county. The Air Force is not suggesting adding additional educational staff to Scotts Bluff County schools. The increase in students should be easily absorbed into the present system. The schools themselves are predicting nothing more than mild impacts due to MX related immigration.

Banner County is not projected to receive any MX related immigration. Therefore, there should be no impact on the county schools.

Pupil-Teacher Ratio

Table 5 illustrates the pupil to teacher ratio figures for the schools involved in the study.

For the public schools, the pupil to teacher ratios are low, with the highest 19.9 pupils to 1 teacher in Scottsbluff Public Schools in the elementary grades. Among the highest of the private schools is St. Agnes Academy in Scottsbluff with 25.7 pupils to each teacher.

Practical pupil - teacher ratios are 15 to 1. These ratios are figured by taking total enrollments and dividing this figure by the number of certified personnel. This does not give a completely accurate ratio. The ratio will vary from class to class and from elementary to secondary. For example, a Sophomore English class at Kimball High School has 23 students to one teacher. A slightly lower pupil to teacher ratio can be found at Mary Lynch Elementary School in Kimball where there are 22 third graders for each third grade teacher.

Enrollment & Capacity

Also on Table 5 is a comparison between enrollment figures for school systems and the effective capacities for their facilities. Due in part to the declining enrollments, the comparison shows that most of the facilities are not overcrowded and that there is room for additional students. This is not true for all of the rural Scotts Bluff County Districts. Some of these rural (K-8) schools have more students than their effective capacity or close to the same number as their capacity. For example District #20 at Haig has an effective capacity of 60 students and an enrollment of 69 students. It should be noted that the rural Scotts Bluff County Districts are not forecasted to receive any project - related migration. The enrollments shown plus future immigration should not cause overcrowding problems in the years to come. The Table reflects earlier conclusions that additional project - related student population will not have a large impact on the school districts involved.

TABLE 5: PUPIL-TEACHER RATIOS & ENROLLMENT AND CAPACITY

<u>County-School</u>	<u>Pupil - Teacher Ratio</u> <u>Elem.</u> <u>Sec.</u>	<u>Total</u> <u>Enrollment</u>	<u>Effective</u> <u>Capacity</u>
Banner			
Harri sburg	14:1 8.7:1	204	325
Kimball			
Kimball County	0 10.8:1	250	NA ¹
Dix Public	8.5:1 6.9:1	107	260
District 6-Bus	3.8:1 0	19	NA
Kimball Public	16.2:1 0	557	1500
Scotts Bluff			
District 64	14.3:1 0 ²	77	75
District 60	12:1 0	72	75
District 65	15.6:1 0	70	75
District 5	11.2:1 0	56	60
District 20	10.8:1 0	69	60
District 8	12.4:1 0	62	60
District 83	14.3:1 0	57	60
District 13	9.3:1 0	28	50
District 7	10.8:1 0	27	40
District 47	13.5:1 0	27	50
District 34	10.5:1 0	21	50
Scottsbluff Public	19.9:1 17.4:1	2853	3725
Gering Public	19.3:1 18.3:1	2280	2650
Mitchell Public	18:1 15.4:1	727	1000
Morrill Public	13.3:1 13.5:1	455	700
Minatare Public	15.2:1 12.3:1	287	NA
Lyman Public	15.1:1 9.4:1	185	300
Melbeta Public	10.2:1 7.5:1	95	125
Berean Christian	12.9:1 0	49	300
St. Agnes Academy	25.7:1 0	180	NA
Valley View	11.3:1 0	34	NA

¹ Not available at this time

² Class I schools - no secondary classes

*Source: Derived from Statistics and Facts About Nebraska Schools, Nebraska Department of Education, 1983-84 and the Education Study Survey Results.

Revenue and Expenditures: Kimball County Schools

Tables 6, 7, 8 and 9 provide information on projected revenues and expenditures for the two school districts in Kimball County.

For Kimball County High School District #1, the major source of revenue is property tax. Approximately three-quarters of total revenues come from this source. In Nebraska, property tax revenues are the primary funding source for school districts. State sources account for 20 percent of the total revenues. State sources include the Foundation Equalization Program, the Special Education Fund, the State Apportionment, the Prorate Motor Vehicle Fund, the Insurance Premium Fund, and the In-Lieu-of-School Land Fund. Federal sources of revenue include vocational education payments.

Expenditures on instructional services are the largest, at \$693,423 out of the \$1,390,590 total. Transportation is the next largest at \$364,227. Smaller amounts are spent on Operations and Maintenance, pupil support and administration.

For Kimball County Elementary School District #3 (K-8) local sources are primarily property taxes. The property tax accounts for 78 percent of total District revenues. State sources include several taxes and funds and provide the remainder of the funding.

Instruction absorbs 71 percent of total expenditures. Operations and Maintenance spent 15 percent and the balance went to administration, transportation, and pupil support.

Impact Projections

Tables 6, 7, 8 and 9 present revenues and expenditure projections for the two School Districts for 1988 and 1989. Most of the projections are

based on enrollments, in other words, 1983 revenue and expenditures were divided by school population to yield a per pupil figure. This per pupil figure and projected enrollments for 1988 and 1989 were used to project revenues and expenditures for those years. Property tax revenue projections were estimated on the basis of net housing demand associated with project related in-migration. Since there is a two-year lag between construction and tax revenues and a very small net housing demand, project - related property tax revenues are quite small. State revenue sources which are assumed to be allocated on a per pupil or other formula basis are projected on the basis of enrollment. Those which are not so allocated are held at zero.

Net operating deficit for Kimball County High School District #1 for 1988 is projected to be \$35,557 and \$134,126 for 1989. The District total for the project is \$169,683.

Net operating deficit for Kimball County Elementary School District #3 for 1988 is projected to be \$17,844 and \$73,170 for 1989. The District total for the project is \$91,014.

TABLE 6: KIMBALL COUNTY ELEMENTARY SCHOOL DISTRICT NO. 3
REVENUE PROJECTIONS
(1982 Constant Dollars)

Revenue Source	1983	Total Projected 1988	Project Related 1989	Total Projected 1989	Project Related 1989
<u>Local Sources</u>					
Property Tax	\$ 998,595	\$1,035,048	\$ 0	\$1,076,040	\$ 153
Licenses, Fees, and Fines	2,374	2,876	48	3,120	180
Tuition	5,698	5,752	96	6,240	360
Other	475	719	12	780	45
Subtotal:	1,007,142	1,004,395	156	1,086,180	585
<u>County Sources</u>					
Fines and License Fees	9,497	10,066	168	10,920	630
Subtotal:	9,497	10,066	168	10,920	630
<u>State Sources</u>					
Foundations and Equalization Fund	171,556	181,188	3,024	196,560	11,340
Special Education	28,490	30,198	504	32,760	1,800
State Apportionment	18,993	20,132	336	21,840	1,200
In-Lieu-of-School Land Tax	42,735	44,541	0	46,305	0
Insurance Premium Tax	4,748	4,949	0	5,145	0
Pro-Rate Motor Vehicle	950	982	0	1,084	0
Subtotal:	267,472	281,990	3,864	303,694	14,400
<u>Federal Sources</u>					
TOTAL Revenue:	\$1,284,111	\$1,336,451	\$4,188	\$1,400,794	\$15,780
Surplus (Deficit)		(82,885)	(17,844)	(139,706)	(73,170)
Enrollment: Project		791	12	780	75
Baseline	682	707		735	
Sum of Project Related			(91,014)		

*Source: Peacekeeper Ballistic Missile System, Fiscal Impact Analysis of Deployment in Wyoming and Nebraska. May 1984

TABLE 7: KIMBALL COUNTY HIGH SCHOOL DISTRICT NO. 1
REVENUE PROJECTIONS
(1982 Constant Dollars)

Revenue Source	1983	Total Project 1988	Project Related 1988	Total Project 1989	Project Related 1989
<u>Local Sources</u>					
Property Tax	\$ 732,254	\$ 667,716	\$ 0	\$ 744,600	\$ 110
Other	9,497	8,608	288	9,600	1,088
Subtotal:	741,451	676,103	288	754,200	1,198
<u>County Sources</u>					
Fines and License Fees	6,173	5,649	189	6,300	714
Tuition	15,602	15,341	261	16,414	986
Subtotal:	21,775	20,990	450	22,714	1,700
<u>State Sources</u>					
Foundations and Equalization Fund	125,409	114,325	3,825	127,500	14,450
Special Education	28,490	26,093	873	29,100	3,298
State Apportionment	14,245	12,912	432	14,400	1,632
In-Lieu-of-School Land Tax	28,490	24,960	0	25,536	0
Insurance Premium Tax	5,698	5,111	171	5,700	646
Prorate Motor Vehicle	950	866	29	966	100
Driver Education	3,799	3,497	117	3,900	442
Subtotal:	207,081	187,764	5,447	206,902	20,668
<u>Federal Sources</u>					
Vocational Education	14,245	12,912	432	14,400	1,632
Other	17,094	15,341	261	16,414	986
Subtotal:	31,339	28,253	693	30,814	2,618
TOTAL Revenue:	\$1,003,438	\$ 913,110	\$ 6,878	\$1,014,630	\$ 26,184
Carry Over	212,858	N/A	N/A	N/A	N/A
Surplus (Deficit)		(\$ 355,225)	(\$35,557)	(\$ 134,126)	
Sum of Project Related Deficit:	(\$169,683)				
Enrollment	295	269	9	300	34

Note: N/A - Not Applicable

*Source: Peacekeeper Ballistic Missile System, Fiscal Impact Analysis of Deployment in Wyoming and Nebraska. May 1984.

TABLE 8: KIMBALL COUNTY ELEMENTARY SCHOOL DISTRICT NO. 3
EXPENDITURE PROJECTIONS
(1982 Constant Dollars)

Expenditure by Function	1983	Total Project 1988	Project Related 1988	Total Project 1989	Project Related 1989
Instructional Service	\$ 950,123	\$1,012,352	\$16,896	\$1,098,240	\$63,360
Administration	94,664	99,941	1,692	108,420	6,255
Operations and Maintenance	198,537	209,229	3,492	226,980	13,095
Pupil Support Service	34,666	36,669	612	39,780	2,295
Transportation	58,438	61,115	1,032	67,080	3,870
TOTAL Expenditures:	\$1,346,028	\$1,419,306	\$22,032	\$1,540,500	\$88,875
Enrollment: Project Baseline	682	719 707	12	780 735	45

TABLE 9: KIMBALL COUNTY HIGH SCHOOL DISTRICT NO. 1
EXPENDITURE PROJECTIONS
(1982 Constant Dollars)

Expenditure by Function	1983	Total Project 1988	Project Related 1988	Total Project 1989	Project Related 1989
Instructional Service	\$ 603,423	\$ 632,419	\$21,159	\$ 705,300	\$ 79,934
Administration	89,402	81,507	2,727	90,900	10,302
Operations and Maintenance	157,491	143,646	4,806	160,200	18,156
Pupil Support Service	86,047	78,548	2,628	87,600	9,928
Transportation	364,227	332,215	11,115	370,500	41,990
TOTAL Expenditures:	\$1,390,590	\$1,268,335	\$42,435	\$1,414,500	\$160,310
Enrollment	295	269	9	300	34

Source: Peacekeeper Ballistic Missile System, Fiscal Impact Analysis of Deployment
in Wyoming and Nebraska. May 1984.

Federal Assistance

PL 81-874, Title I authorizes federal financial assistance to local schools for the maintenance and operation of local school districts in which enrollments are affected by federal activities. The money is used to compensate these school systems for educating children whose parents either reside or work on federal property. Payments under PL 81-874 are deposited by local school districts in current operating expense accounts and therefore are used for general school purposes benefitting all students in applicant districts.

However, there are problems with the program. The program's future is uncertain. It has experienced recurring political attacks thus placing the funding in some jeopardy. A study by Smith, Hogg and Reagan on the Green Peter Project, 1963-1966, in Sweet Home, Oregon states that the federal assistance under this act was never over four percent of the total school budget. Furthermore, the money did not come into the budget until a year after the peak student demand had passed.

In short, the concept of a program such as PL 81-874 is acceptable although past studies on projects such as the Green Peter Project and the Clinch River Breeder Reactor Plant, have shown the funding levels to be insufficient and after the fact. It is recommended that local governments, especially Kimball County be wary of relying on PL 81-874 funds as a dependable source of revenue.

Conclusions

The scope of this study has concentrated on determining the ability of the schools in Banner, Kimball and Scotts Bluff to handle MX - related student population.

According to projections made by the Air force and the schools themselves, there should be little trouble in coping with these additional students. Banner County is not projected to receive any MX-related immigration, therefore there will be no impact on its school. Scotts Bluff County schools are projected to receive additional students beginning in 1987. Since the majority of Scotts Bluff Counties' immigration is expected to live in the Scottsbluff - Gering area where the schools are larger and more flexible, the immigration is expected to be handled with relative ease without causing additional needs either financially or through staff increases. Kimball County schools on the other hand, are expected to receive MX-related student immigration in 1988 and 1989 causing an increase in costs and staff levels.

Studies conducted on other construction projects where the workers and their families lived in the communities for a few years and moved on, show that projects such as these often leave negative impacts behind. Studies warn against a community spending a great deal of money to improve schools and other community facilities when many of these immigrants are not property owners and contribute little in property tax to support school improvements. The study conducted on the Green Peter Project in Sweet Home, Oregon, found that project - related immigrants tended to have a low level of community involvement. The people tended to avoid involvement in school and other community affairs. Seventy-one percent of the sampled population said that they seldom or never were involved with the schools. As a response to the Minuteman Missile construction of the early 1970s and to recent oil exploration in the area, Kimball over-developed their school systems and are currently faced with excess space. Communities should be cautious in making costly school improvements before determining if there will be a large increase in the tax burden.

At this time there are no known plans for large community or school improvements as a result of expected immigration.

The education systems in the three county area should be able to facilitate the projected increase in student population without serious or costly problems.

Recommendations

In order to maintain the level of education provided to the citizens of Kimball and Scotts Bluff Counties, the following recommendations are made:

1. Increase educational staff for Kimball County Schools. According to the Air Force study, it is suggested that two full-time equivalent employees be added for 1988 and four in 1989.
2. Further inquiries should be made by Kimball County school officials into the PL 81-874 federal assistance program to determine whether this federal assistance would be available and how and when they should apply. This program could contribute to lessen the deficits caused by MX-related immigration and lessen the tax burden for property owners in Kimball County.
3. It is the responsibility of the local school boards involved to plan ahead. Enough lead time has been given by the Air Force in its studies, by its consultants and hopefully, by this study, that advance planning and budgeting can take place so that the existing quality of education will not be lessened and so that special programs will not suffer due to a lack of advance planning.

THE ARTS IN WESTERN NEBRASKA STUDY

THE ARTS IN WESTERN NEBRASKA

Concern has been expressed that the impact of MX-construction related immigration on the arts and cultural activities in western Nebraska has not been fully addressed. This short study will attempt to outline the existing programs, project impacts, and to present some recommendations to help insure that the existing quality of arts and cultural activities available to the public are maintained.

Introduction

The Nebraska Arts Council provides a variety of grants and service programs to help support arts events throughout Nebraska. The Council, with main offices in Omaha, was started in 1965. It is supported by State Appropriations and grants from the National Endowment for the Arts. The grants available to artists and cultural and art program sponsors are Art in Education, Artists-in-Schools/Communities, Learning through the Arts, Minigrants, Project Grants, Touring Grants and the Year-Long Program.

The highest priority of the Nebraska Arts Council is to increase the number and variety of arts opportunities to the people of Nebraska. In carrying out this goal the Nebraska Arts Council has helped to develop more than forty community arts councils, provided assistance to other organizations in sponsoring art events and expanded its artists-in-residence program.

Touring Grants are provided to local arts councils and organizations in the form of matching funds for performances and exhibits by artists available through the Nebraska Touring Program and the Mid-America Arts Alliance Touring Events. The Mid-America Arts Alliance is a regional

consortium of five state arts councils organized to provide three touring arts programs, the National Touring Program, the Regional Touring Program, and the Visual Arts Touring Program.

The Year-Long Program of the Nebraska Arts Council provides general operating monies to arts organizations in support of arts and cultural services. Priority funding is granted for events which increase the number and variety of arts programming in local communities, programs which introduce new audiences to the arts, programs of high artistic and professional quality and projects which involve cooperation among local arts and community organizations. Funds are only given to non-profit, incorporated organizations or government subdivisions.

In addition, the Council provides information resources and technical assistance to organizations and individuals. These services include technical and management assistance to non-profit community arts groups in all aspects of operation and production (including funding source information); the Arts Information Referral Service; Arts Awareness activities; a lending library; films and videotapes; and a survey of foundations which fund arts projects.

West Nebraska Arts Center

The West Nebraska Arts Center, located in Scottsbluff, has been in existence since 1967. It is the second largest community arts council in Nebraska. The Center is partially funded by the Nebraska Arts Council, but is an independent entity with both a paid staff and volunteer members. The Arts Center is the major provider of arts and cultural opportunities in region. The Center sponsors a series of visual arts exhibits in its own gallery facilities. The Center has no permanent collection; local and regional artists are presented in rotating shows. An average of 10,000 to 12,000 people visit the gallery each year.

The gallery, offices, and studio space owned by the Arts Center are located in the former Carnegie Library building. The Center also maintains a 90-seat theatre in the building. Performing arts programs are selected from the offerings of the Nebraska Touring Program and the Mid-America Arts Alliance. The Center also coordinates booking of programs with the Eastern Wyoming Fine Arts Council in Torrington. Four to six major events are scheduled each season. Season subscribers number approximately 400 and are increasing each season. Average audience attendance for events has been approximately 300. Performances are held in a variety of community facilities: Scottsbluff High School auditorium (1,000 seats), Scottsbluff Junior High (1,100 seats), Gering dHigh School (740 seats), and Nebraska Western College Theatre (550 seats). These events must be coordinated with the scheduling of other events at the schools. For smaller groups in a more intimate setting, local churches have been used.

Funding for the Arts Center is made up of two grants, a Nebraska Arts Center Year-Long Grant for general operations and a National Endowment grant. Other funding is derived from gallery sales commissions, ticket sales, donations, membership dues and corporate and individual sponsorships; and appropriations from Scotts Bluff County and the cities of Scottsbluff and Gering.

Air Force Projections

The Air Force study projects that an increase in population can be expected to have beneficial effects on regional arts and cultural activities since the potential audience and support base are expanded. Also likely to increase, according to the Air Force, are the difficulties and high cost of providing services to small rural communities. They assume that these increased costs will be offset by increased ticket

sales, larger audiences for more events, more contributions from concerned corporate sponsors and individuals, and an increase in volunteerism by interested consumers of the arts. Whether this assumption will prove true remains to be seen. Rich Crom, of the West Nebraska Arts Center does not foresee any positive impacts with the MX-related increase in population. Concerns have been voiced that the interest level of immigrants will do little to contribute to the Arts Center's programs. Another concern expressed has been the fact that the project workers' time of residence in communities is relatively short, giving little time to become involved in community activities. A study conducted on the construction activities of the Green Peter Project in Sweet Home, Oregon found that people tended to avoid involvement in school and community affairs.

Given these two conflicting hypotheses, it is difficult to project what effects an increase in population will have on the arts and cultural activities in western Nebraska. The situation should be monitored in order to determine to what extent the project - related immigrants are interested in cultural activities and what their level of participation is. Many of the events and programs in the area have room to accommodate more people should there be a marked increase in participation.

Conclusion

The arts and cultural events are offered to residents of western Nebraska by the Nebraska Arts Council, the West Nebraska Arts Center and interested organizations and individuals.

Two hypotheses have been expressed as to the impact of MX-related immigration on the arts. One, articulated by the Air Force study, is that the increase in population will result in an increase in audiences

and support for the arts and cultural activities. A second, articulated by individuals currently involved with the arts and other local individuals is that the immigrants will not take an active role in patronizing the arts due to a low level of interest and short-term residency in the area.

The Arts organizations involved in providing these services to the area should monitor any changes in the attendance of their programs that can be attributed to the MX-related immigration and use this information for future planning activities.

Recommendations

The following recommendations are made in order to maintain the existing quality of arts and cultural opportunities available to the area.

1. Monitoring of participation in arts and cultural activities by the immigrant population should be planned. The information obtained by this monitoring activity will provide useful information for future planning activities and help to determine the amount of additional assistance required. The Nebraska Arts Council and the West Nebraska Arts Center in Scottsbluff should coordinate this activity.
2. Information on arts and cultural opportunities should be made available to the immigrant population. This information could be in the form of a brochure or pamphlet and should also include any projects in which newcomers could participate as volunteers. This activity should also be coordinated by the Nebraska Arts Council and the West Nebraska Arts Center.

LAW ENFORCEMENT STUDY

LAW ENFORCEMENT

Through visits with interested citizens and local officials in the three county area of Banner, Kimball and Scotts Bluff Counties, a more detailed analysis of law enforcement staffing in relation to MX Missile construction activities has been completed.

Nebraska State Patrol

The Air Force reports make no mention of the Nebraska State Patrol, its staffing level in the area, or their role in traffic enforcement on state highways. Troop E of the Nebraska State Patrol is headquartered in Scottsbluff. The staffing level of Troop E is as follows:

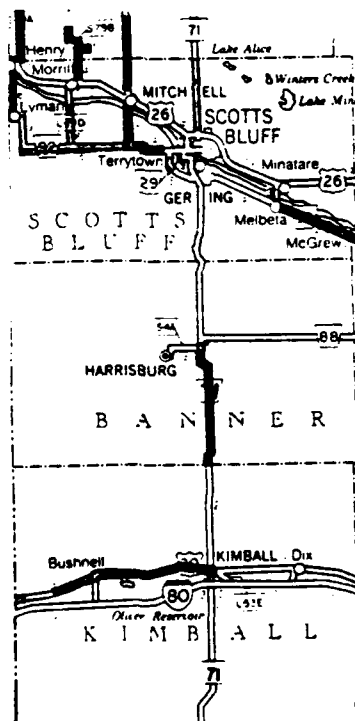
- 8 traffic law enforcement officers in Scottsbluff proper.
- 4 criminal investigators in Scottsbluff.
- 4 traffic officers in Alliance.
- 1 traffic officer in Bridgeport.
- 3 traffic officer in Chadron.
- 2 criminal investigators in Chadron.
- 2 traffic officers in Chappell.
- 3 traffic officers in Crawford.
- 2 traffic officers in Gordon.
- 3 traffic officers in Kimball.
- 2 traffic officers in Osh Kosh.
- 6 traffic officers in Sidney.
- 1 criminal investigator in Sidney.

All officers are assigned vehicles on a 24-hour basis. Troop E also offers the services of a bomb disposal expert, a hazardous materials specialist, a 7-man SWAT team, and a criminal evidence - gathering van.

Purpose

The purpose of this report is to determine whether the law enforcement staff in Banner County will be able to maintain their present level of effectiveness given the projected increase in MX construction related commuter and construction traffic. This study does not encompass Kimball or Scotts Bluff Counties because concerns over their law enforcement staffing levels have not been expressed.

MX Missile construction sites are to be located in Kimball and Banner Counties. Over half of the construction workers and their families are projected to live in the Scottsbluff-Gering area in Scotts Bluff County because it is the largest "metropolitan" area in the vicinity.



Because workers will be living in the Scottsbluff-Gering area they will be commuting each day to the construction sites in either Kimball County or Banner County on State Highway 71 which runs north-south through the three counties.

Banner County, with a population of 918 residents, is not projected to receive any MX - related immigration.

Banner County Sheriff's Department

Law Enforcement in Banner County is provided by the County Sheriff's Department. The Department has the Sheriff, K. Patrick Mooney, as its only employee. The Sheriff's offices are located in the County Courthouse in Harrisburg and consist of one room of about 250 square feet used by the Sheriff and a single jail cell used only to hold prisoners on days when they appear in court in Harrisburg. In other cases, Banner county prisoners are housed in the Scotts Bluff County Jail, 20 miles north in Gering.

The Sheriff reports that he currently spends two to three days a month investigating accidents. Most of the accidents investigated by the Sheriff are on county roads as accidents on state highways are more commonly investigated by the Nebraska State Patrol, especially if they involve greater damages or bodily injury.

Air force projections for project-related vehicle miles traveled in Banner County in 1988-89 show an increase of 22 percent. This translates into a potential increase in accidents of 22 percent as well. They estimate the Sheriff would, therefore, increase his workload one day per month.

Banner County

A notable fact about the Banner County Court system is that it supports a negligible criminal caseload and a substantial number of traffic cases. For example, from January 1975 through June 1982, 95 percent of the 4,203 new cases filed involved traffic violations. This can be easily explained by low population density and the absence of incorporated cities in the county. State Highway 71 is the principal access route to Interstate 80 for areas to the north; such as Scottsbluff - Gering, connecting the cities of Kimball, Gering and Scottsbluff via Banner County. Speed limits are well enforced. The Banner County Sheriff does have a radar gun and assists the State Patrol in enforcing the speed limit on Highway 71.

According to a representative of State Patrol Troop E in Scottsbluff, they feel the area between Scottsbluff and the missile sites in Kimball and Banner County is well patrolled. A total of 9 troopers from the Scottsbluff area work the area as well as the adjacent state highways, at different times. In addition the two troopers stationed in Kimball patrol Highway 71. Also, the State Patrol's Air Patrol aids officers in enforcing the traffic laws from time to time along Highway 71. Overall, the State Patrol feels the extra MX Construction related traffic shouldn't be a big problem.

The Banner County Sheriff has been very cooperative with the State Patrol in doing some advance planning. At a past meeting in Cheyenne WY, of law enforcement officers who will be involved in monitoring MX construction activities, Sheriff Mooney and representatives of State Patrol Troop E met with Air Force representatives to discuss handling anti-MX demonstrators. The Air Force has stated that if demonstrators

are outside of the fence surrounding a missile site, then it will be the responsibility of the County Sheriff and/or the State Patrol to handle the situation. Sheriff Mooney and the State Patrol have already planned to work closely should any situations involving demonstrators arise.

Another concern raised is the possibility that the transportation of construction material will conflict with crop harvest traffic.

Agriculture is the primary occupation in Banner County, therefore, it is important that harvest activities proceed as smoothly as possible.

Coordination between the Air Force and County officials should occur to alleviate any problems of traffic congestion during harvest time.

Conclusion

The purpose of this study was to further analyze the law enforcement situation in Banner County as it relates to monitoring MX construction traffic.

A major question brought up by this study is whether additional law enforcement staff will be needed to aid in enforcing traffic laws in Banner County during the construction period. There has been a projected increase of 22 percent in traffic along State Highway 71, which runs through Banner County into Kimball County. Although the Air Force projects that this figure translates into an increase of the Sheriff's workload of only one day, there is still the possibility that the traffic could be heavier than estimated or that a conflict may arise between construction traffic and harvest traffic necessitating additional law enforcement staff.

Nebraska State Patrol Troop E, headquartered in Scottsbluff has a total of 11 troopers patrolling in the immediate area of Highway 71 and

Banner County. However, their availability to aid Sheriff Mooney should problems arise with additional traffic or conflicts with harvest traffic would depend upon what was going on in the rest of the region they patrol.

On the surface it appears as though the current staffing level of law enforcement officers in the Banner County area will be sufficient to handle the increase in traffic. However, the situation should be closely monitored and county officials should be ready to alleviate any shortages in personnel should the need arise in order to maintain the high quality of law enforcement in the area.

Recommendations

In order to maintain the current quality of law enforcement provided to Banner County and to insure the safety and livelihood of all involved, the following recommendations are made:

1. MX-related construction and commuter traffic should be closely monitored in order to determine whether any additional law enforcement staff will be needed. Included in this monitoring should be traffic volumes, peak times when traffic is the heaviest and accident statistics.
2. County officials and the Air Force should work together to avoid any conflicts arising from construction-related traffic interfering with agriculture harvest traffic. Such a cooperative effort could be coordinated through the Banner County Sheriff's Office.

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